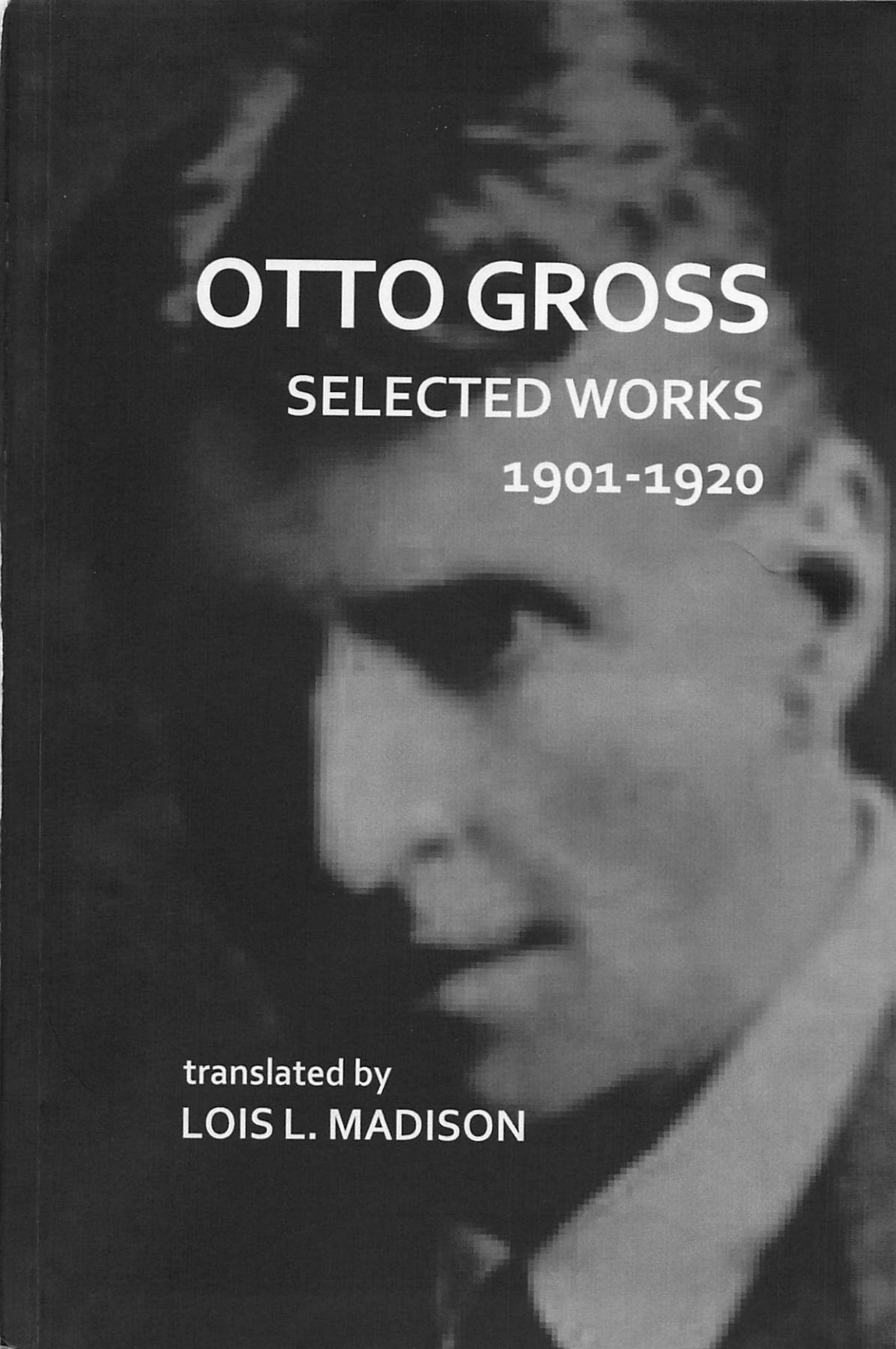
OTTO GROSS
SELECTED WORKS
1901-1920
translated by
LOIS L. MADISON

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On the Question of Socially Inhibiting Ideas

[Originally published 1901 as:
"Zur Frage der sozialen Hemmungsvorstellungen" in
Archiv für Anthropologie und Kriminalistik, VII, 123-31, Hans Gross, Ed.]

Perhaps the most difficult problem in the physiological explanation of psychic processes lies in the incredible number of the latter. The ganglia in the cerebral cortex number several million - in a careful estimate; the number of changes in the content of the conscious approaches the infinite. In a widely accepted modern view, these huge numbers of combinations and permutations are drawn on to explain that all, apparently even the simplest representations [*Vorstellungen*], are by nature composite and owe their origin to simultaneous activity of numerous ganglion cells or groups – 'elements of the conscious'.[1] By itself, however, this argument is scarcely satisfactory. If instead of counting merely the changing number of elements functioning in the conscious at any given moment the varied intensity of their – *sit venia verbo* – 'excitation' or 'oscillation' were figured in as well, it would not be perplexing that the psychic processes vastly outnumber the causal physical elements. Because given the varied organization and ever-changing intensity, the combinations and permutations resulting from elements of the conscious must, for human capacity, border on infinity.

In a different, much more significant question, however, it might also simplify things if one were to emphatically emphasize the idea of varied intensity in the momentary functioning of individual elements of the conscious.

In explaining processes of association, one almost always takes into account merely the transfer of a stimulus from one element of the conscious

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[1]With the term "elements of the conscious" [*Bewusstseinselemente*] I refer to elements of the brain that are functionally as close as possible and that correspond to the simplest psychic partial processes, thus using the term only in an anatomical, not in a psychological sense.

to the next and from there again to another – psychologically phrased, the connection of one individual representation [*Vorstellung*] to the immediately preceding one. This method, however, can only explain very simple, completely typical events, on the basis of existing, regularly reoccurring external stimuli and the mechanical memorizing of fixed chains.

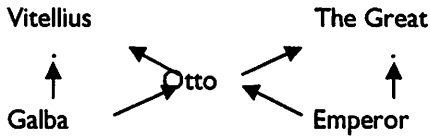
This is self-explanatory. If one has one's eye on the associative excitation of one individual center of an idea by the immediately preceding one, then one can only imagine 'neural conductivity' corresponding to the thought process as a linear movement: functional excitation picks up various elements sequentially, without the direction of the movement determined by anything other than by the last element to be involved and by the currently most "well-worn" associative chain, which links it with another, with the next to be activated. Psychologically put: a thought owes its emergence only to the immediately preceding thought and the currently strongest associative connection. For the complicated psychological process in which a thought – for example, a decision – forms the result of an entire number of psychic components – e. g. motives – for this basic aspect of any "deliberation" or "consideration," indeed, of "thought," we have no physiological antecedent.

We have to free ourselves from the – generally presumably unconscious or at least unformulated – idea that associative excitation moves only in a one-dimensional, 'linear' path [*Bahn*], as though functional excitation always left each conscious center completely once it no longer controls the content of the conscious. We know, of course, how proximate the centers of the conscious are to one another, and in the processes of induction, physics offers us a notion at least of instrumental reciprocity - if we are not content with the idea that by means of the indispensable associative pathways a number of varied and variously intense stimuli can be transmitted simultaneously to an element. If one imagines that in the course of a longer chain of ideas [*Vorstellungen*] the activated elements of the conscious all remain caught up in variedly intense, naturally subconscious or, better still, unconscious 'post oscillations' [*Nachschwingungen*], thus allowing a large number of variously nuanced stimuli to reach the main functioning element or, rather, all the elements of the conscious associatively connected with it, then one can easily understand that the selection of the next element to be aroused – the following idea [*Vorstellung*] – cannot possibly depend solely on the last element aroused, the last conscious content.

For example, the chain of representations: 1, 2, 3 is probably always followed by the association of the representation: 4; 2 follows with equal certainty the chain 5, 4, 3. The arousal of the conscious center belonging to the thought of 3 is thus followed as a rule by the excitation now of the term 4, now of the term 2 - depending on preceding thoughts. Previously aroused conscious elements were therefore still caught up in a post function that was decisive for the further direction of the 'neural stream of associations' – the chain of representations [*Vorstellungen*].

Or: if I say the word "Otto" to someone, this could arouse – quite randomly – associations of the most varied sort: the surname of someone of his acquaintance who has this given name, a figure in a novel, some historical personality. If I preface the word 'Otto' with the word 'Galba,' however, then almost everyone will probably think 'Vitellius,' and if I say 'Emperor Otto,' then they will probably add: 'the Great.' So that while the psychophysiological stimulation from an element of the conscious for 'Otto' continued on its own, such excitations were also active from previously aroused elements for 'Galba' or 'Emperor,' and, relative to the type of component, the result reaches the center for 'Vitellius' or 'the Great.'

One can visualize these processes schematically:



The solid arrows represent the course of associative connection between the ideas [*Ideen*] currently in the center of the conscious: Doubtless, there is a 'well-worn path' not only between 'Galba' and 'Otto' and between 'Otto' and 'Vitellius' – but between 'Otto' and 'the Great' as well. Why does everyone to whom someone says 'Galba, Otto' always think 'Vitellius,' however, and never 'the Great'? The conscious element, 'Galba,' thus also directly affects the conscious element 'Vitellius' (dotted arrows!) – but nonetheless there may not be a noticeably direct thought connection for anyone between 'Galba' – 'Vitellius' or between 'Emperor' – 'the Great.'

Alongside the associative pathway that corresponds to the noticeable connectivity of ideas in the conscious there is thus a second type of connection, between elements of the conscious that do not have the parallel psychic awareness apperceived by the conscious, which co-determines the direction of the path to be taken in the further transmission of associative excitation. Let us refer to this kind of effect of one element of the conscious on another (dotted arrows in the figure) as extra-psychic influence.

Any question as to the physiological manner in which this influence occurs is purely speculative. We could explain it through associative fibers; perhaps we need to assume as well a physical effect of electrical induction on paths between elements of the conscious. Be that as it may, what is of interest to us here are only the following premises:

1. Alongside associative activity, which corresponds to the (psychological) process of the connectivity of ideas [*Ideenverknüpfung*], there is a second (physiological) influence of the elements of the conscious on each other, characterized as extra-psychic, that has no psychological parallel appearance

in the conscious, but co-determines the direction in which the associative activity (connectivity of ideas) is further guided.

2. Once they have been set in action (associatively excited), elements of the conscious remain in a state of more or less intense, gradually diminishing 'post function.'

3. By way of variously intense post-functions of the elements of the conscious that were active both at different earlier moments in time and in varying frequency, and by way of their continued effect on others, on the path of extra-psychic influence, the brain is placed in a state which in its totality determines the next element of the conscious to be excited, that is, on which the further course of the chain of ideas [*Ideenkette*] rests.

4. The processes of the 'subconscious' take place not only over associative pathways (and elements) serving 'upper conscious' processes, but also on connecting paths entering the upper conscious over which associations are never transmitted ('Emperor' – 'the Great').

We return now to a psychological aspect that we touched on earlier as an example: decision, especially a decision, that is, of interest criminally - whether an act that is harmful to the common well-being is to be committed or not.

Among cultivated individuals, such decision is the end result of a very complex chain of associations, and, as we know, it normally comprises (in actual decision, that is, based on previous consideration) the aspects: incitement through advantages from the deed, inhibitions through social instincts, and inhibitions from images of fear [*Furchtvorstellungen*]. Whether the deed results or not is determined by the total state in which the mind finds itself as a result of the afore-mentioned chain of ideas and the varyingly intense post-function of the conscious elements activated by it.

However, this aspect – hardly of more interest than any other example regarding the earlier considerations – interests us for its relevance to other areas of knowledge, above all to ethics, and therefore we must concern ourselves here more closely with a familiar transcendental problem.

We can safely assume today that in strictly scientific research the concept of "free will" no longer exists. Indeed, for it to be eliminated, we would not have needed modern science and the upheaval it has wrought in our world view; a dualistic and spiritualistic, but strictly consistent logic would have had to arrive at the same result - as long as it did not shake the principle that no effect occurs without a cause. In whatever way psychic processes are explained, if two people act under the exact same conditions (education, surroundings, opportunity, etc.), there still must have been other unknown but nonetheless existing causes and causes, again, of these causes, whose various natures result in a variety of decisions. If one imagines under "free will" a nature that is exactly the same in different individuals but which in a given case can produce different effects, under otherwise exactly identical circumstances, then this is an insult to logic; if, however, one imagines "a

determining motive," then we have a brilliant concept, but it is no longer a matter of "free will." For us, "normal determination through normal motives" consists in the normal make-up, grouping, and functional capacity of conscious elements and connections that enjoy a psycho-physiological relationship to the inhibiting and processing of impulses.

That we are all subconsciously deterministic is proven by the fact that we at all hope to prevent by way of punishment. If we regarded human decision as existing outside the causal chain, it would be senseless to want to aim for a constant influence on results – on decisions – by interpolating a new, partial cause.

If we want now, with these ideas in mind, to approach the question of the purpose of punishment, then we have to note first of all that we do not banish difficulties from the world but merely qualify them when we say people punish a criminal for having failed in his lifetime to learn a "normal overvaluing" of ethically inhibiting images and ideas – because the many decisions that are necessary for this of course serve the same laws!

We spoke earlier of inhibitions through ideas of fear. Insofar as it is (criminal) decision that interests us here, these ideas [*Vorstellungen*] are related to: personal revenge of someone harmed, revenge by a (morally outraged) society, revenge by a god (whose sense of justice has been insulted).

These ideas of fear, together with social instincts (conscience), are what shape the counterbalance to antisocial impulses in the psyche, and it is to them that society owes the possibility for its existence. The drive for survival of the species therefore demands that they be instilled as much as possible in all individuals in order to overcome, in at least a part of them, anti-social impulses. By instilling ideas of fear in association with ideas of anti-social impulses, society protects itself, and all these means of education serve the general well-being, that is, they correspond to the law of ethics. For the settling of written as well as unwritten law, the maxim always applies, of course, that the end serves the means, and we only eliminate it in the individual case because it leaves too much maneuvering space for individual caprice; the individual has to be bound to certain rules because *leges simplices sunto, quo facilius etiam ab imperitis teneantur.*

In order to avoid violations of public or moral law as far as possible, society's task is the instilling of the idea of fear. We see in religion the ideal means for this - at least for the earliest period of great populations, as long as the ground had not yet been broken, generally speaking, for the realization that "justice" and "godliness" are a *contradicto in adjecto,* since every "avenging justice" requires that a number of individuals are destined from the start for guilt and punishment.

When society actually carries out by way of justice the punishment it merely threatens through religion, however, is not this human "punitive justice" actually an injustice? It seems we content ourselves with the modern explanation - "we do it because we are predetermined to" - in order to

justify our inherent basic instincts, like self-preservation and preservation of the species *per se*, for which we lack logical justification through psychological motives . When these basic instincts are enlisted in a specific instance, we consider purposiveness and follow an impulse only when it seems the right means for reaching a desired aim in the sense of a basic instinct. If I fall in the water, I automatically suppress climbing motions (as in any monkey or human being in danger) and opt instead for swimming movements because this is more in keeping with basic instinct – self-preservation. And in an act executed for the common good - and still more so when some rule is to be established - we are compelled first to show that it coincides with basic instinct aimed at a benefit for the common good *per se*.

Applying this observation to the right of society to punish, we have to say that it is a cruel and unjust, but eternally unavoidable stopgap measure.

We need inhibiting images of fear of an anti-criminal nature; as with our other ideas, they must be acquired through experience; the knowledge of punishment as the result of a criminal act unfortunately cannot be imagined without law being translated into some horrifying example. Ideally, prevention would, of course, consist of spreading the rumor that every criminal had been cruelly punished, without, in reality, a single individual having been harmed.

But since this is virtually impossible to carry out, those unfortunate individuals must suffer whom fate – at least for the crucial moment – has dealt a psychic make-up in which criminal impulses win out over inhibiting ideas; they must suffer in order for anti-criminal ideas of fear to be produced or secured in the minds of all (among which, naturally, their own are included as well), and - at least in a part of the whole - anti-social impulses are thus successfully combated.

The individuals, who, despite the threat of punishment, still give way to criminality, must be sacrificed for the sake of the others, even if we know they were predestined to guilt and punishment; punishment of the criminal is, after all, a sacrifice of the individual for the well-being of the whole and is only justified by the general welfare being more highly regarded than that of any single individual, innocent or guilty.

Fortunately, nature has hidden the terrible brutality of this fact from our sensibilities, at least in so far as it has provided us with the instinct that is now the desire for revenge, now the sense of justice, and to which we will refer here in brief as 'desire for atonement' and through which the social instincts aiming at the well-being of fellow humans (empathy [*Mitleid*], etc.) are suspended when it comes to an attacker, whether it be of one's own self or of the society and its principles.

We have possessed this instinct for a long time - since before we began to think about right and the aim of justice; we have had an absolute need of it in our development, and we need it still today, because without it the execution of justice, which is as necessary as it is unjust, would appear to us

– emotionally - impossible. Ethics has sanctioned it insofar as it serves in this way the public good, thus appearing, for example, as 'moral indignation.' Even personal revenge can become an ethical necessity where parliamentary law fails to provide sufficient protection or, as the result of unavoidable imperfections, fails to accomplish its end, and where this morally obliged personal revenge must then serve general prevention: blood revenge among wild tribes, duels.

The 'desire for atonement' vanishes from the emotions even of laymen, everywhere where its lack of purposiveness - in the sense of prevention - becomes evident. The mentally ill are not punished, for the simple reason that harm to an individual can be avoided in their case, without prevention failing in a general way. Because through knowledge of the fact that 'the mentally ill person escapes punishment' images of fear would not be eradicated in the brains of other mentally ill, and since the mentally ill are not 'determined by normal motives' anyway, this fails to be of consequence! It is exactly the same with 'irresistible' compulsion; whether people who are subject to such compulsion have ideas of fear or not is irrelevant. - Correspondingly, our feeling tells us in these cases: we do not need to – and consequently may not – punish here, that is to say, not revenge ourselves; and we cloak that in the words: 'he couldn't act any differently, he can't help it.'

That the idea of a criminal being 'unable to act differently' does not always preclude negative instincts toward him, however, is proven by heightened moral indignation toward the 'incorrigible.' Negative instinct is intensified here rather than diminished because with awareness of incorrigibility comes the necessity for the individual concerned to be forcefully suppressed. The possibility of rendering such reprobates harmless in as mild a manner as possible would render all further negative instincts unnecessary and thus presumably allow them to disappear.

It only remains to bring what has been said into agreement with the words of Merkel.[2]

Accountability in criminal law is less the result and more the extension of ethical 'value judgments.' Society uses punishment as a threat so that ideas of fear lend support in those cases where social instincts prove too weak on their own. If a person has committed a socially harmful act that is not 'the soul of his soul,' then a value judgment about his character (ethical accountability) may change little; the necessity for punishing the offense becomes all the more urgent, however, when its occurrence - in someone whose character has shown him not to be thus disposed - has demonstrated that social instincts are insufficient for its suppression, and images of fear become necessary as a support.

Obviously, the "desire for atonement" is silent wherever recognition of

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[2]Cf. Merkel in M. E. Mayer: *Die schuldhafte Handlung und ihre Arten*. Leipzig, Hirschfeld 1901.

its basic aim is a sufficient step in the direction of the goal of prevention. With regard to *de lege ferenda,* one is probably only rarely governed by other than purely utilitarian ideas, and moral indignation is probably never brought to bear where issues of criminal rehabilitation are involved. And in practical criminal law, negative feelings toward the delinquent are only heard as much as is necessary to drown out the irresolvable conflict that lies in the concept of "justice."

ON THE PHYLOGENY OF ETHICS

[Originally published 1902 as:
"Zur Phyllogenese der Ethik" in
Archiv für Anthropologie und Kriminalistik, IX, 101-3]

In this archive[1] an article recently appeared containing remarks on the founding of a new ethics and offering the explanation as well that ethics must be "scientific" and thus "unconditional" in regard to all "metaphysical premises," thus independent, for example, of a "material hypothesis."

Everywhere today one begins to realize that reform and salvation of the humanities is to be expected from the natural sciences and the revitalization they have brought about in methodology and knowledge. This assumption, which is as right as it is unproven, finds its expression in the notion of the panacea, "natural sciences," that crops up over and over again today in every area of the humanities. It is as barren as it is accurate, for those desiring to have contact with the natural sciences are unfamiliar with them. If the humanities are to stand on the foundations of the natural sciences, if a fertile future existence is to be feasible at all for them, then not merely the methodology of the natural sciences - experimentation and empiricism - must be adopted, but knowledge resulting from the natural sciences as well: only people trained in the natural sciences should be engaged in the humanities. The humanities are as little in a position to "unconditionally" ignore the great, definitive results from zoology, biology, physiology, psychiatry as technology is able to ignore the law of conservation of energy.[2] The basis of everything that people think with regard to the human mind and the minds of the different peoples and the mechanics of the origin of their small, their great, their individual and their collective emanations is – or should be – the law of phylogenetic descent and the law of psycho-physiological monism.

The *in-hoc-signo* for modern psychobiological conceptualization is the effort to trace all psychic events back to the infinitely modifiable arc between stimulus and reaction.[3]

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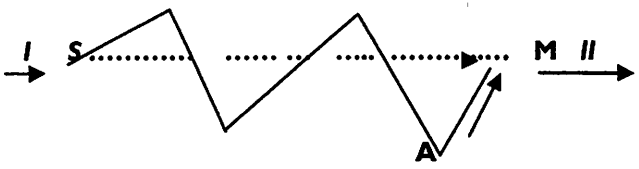
[1] *Vol. IX,* p. 23.

[2] Cf. Ratzenhofer, *Positive Ethik.* – I am extremely gratified to find my view affirmed by this great thinker.

[3] I refer to the work of Stassoff (*Die Wage* 1902); additionally to the forthcoming work of the psychiatrist F. Hartmann on orientation (Leipzig, F. C. W. Vogel).

Every perception functions as a stimulus, forms an impulse to a reaction. A perception works, however, to trigger resting images in the memory, setting into motion a play of associations that works to drive, modify or inhibit motor impulses. Only the smallest part of external stimuli lead uninhibitedly to reactive movements, but all lead originally to an impulse to react.

The self-perception of the impulse that, in lesser or greater intensity, accompanies every perception – but is independent of a simultaneously triggered play of associations – determines the affective intensity of perception.



In the figure, arrow I signifies a perception, the dotted arrow SM the impulse to react, arrow II the reactive movement, zigzag line SAM the simultaneously triggered play of associations, whose end result, represented by the arrow marked AM, can either modify or suppress the reactive movement.

Now the intensity of the impulse to react, i. e., 'felt' or affective intensity [*Gefühlsbetonung*], is extremely varied in individual perceptions, and the acquisition of a range of nuances is one of the most important factors in the individual formation of each individual psyche.

By far the greatest number of perceptions are hardly affected by the impulse to react, or else it is blocked in them without the necessary associative processes leaving images in the memory; these perceptions then have no affective intensity; we say they "don't matter at all."[4]

The remaining perceptions elicit at first a reaction that we call in sum a focusing of attention [*Einstellung der Aufmerksamkeit*], followed by a sequence of impulses to react, on which the individual assumption of a position [*Stellungnahme*] toward the external world rests, i. e., the subjective valuation of the external world in its relation to the individual – all in all: emotional life [*Gefühlsleben*].[5]

Certain perceptions appear to play a special role, stimulating fixed attention to a high degree but other reactive impulses to a particularly low degree. Reaction to such stimuli consists in the appearance that impulse is missing, that is to say, appearing objective; we call them beautiful.

Which stimuli and why they elicit this reaction - this is the future task of aesthetics to explain. It is easier to say why this particular kind of reaction occurs as an affect of pleasure [*Lustaffekt*]. We have to assume that the inhi-

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[4]The paranoid's '*Tua res agitur*' offers the pathological contrast to this picture of the normal life of the mind and its consequences.

[5]Cf. my article in publication, "Zur Theorie des Wahnes." *Monatsschrift für Neurologie und Psychiatrie*. 1902.

bition of an impulse is connected with displeasure [*Unlust*], the execution with pleasurable feeling. Of all the stimuli that trigger perceptible reactive impulses, that is to say, are at all feeling-charged, only those lead to a pleasurable affect in which the impulse does not need to be blocked [*gehemmt*]. We have assumed that stimuli may carry aesthetic value for which the focusing of attention is particularly keenly aroused, the remaining reactive impulses extremely little.[6] An objective view is free of further impulses, therefore free as well from inhibition and charged with pleasure.

Among the perceptions that are combined with intense reactive impulses, i. e., with particularly strong feeling, the main ones are those threatening harm to an individual. Here the reflex reaction is most necessary, the reactive impulse the strongest, the perception the most scored with feeling. As a result of the eminent value of affect, the reactive impulse – here the impulse to defend – derives a close associative connection not merely with the perception, but also with the idea of impending harm. It is most likely to lead to such an idea whenever an individual is witness to another individual being harmed. On the basis of preformed associative connections, the perception of another's pain triggers an impulse toward defense, i. e., it leads to a dampened affective capacity with the tendency to reactively fend off the perceived harm. The perception of another's pain has become charged with feeling; it leads to an affective capacity for empathy [*Affektlage d. Mitleids*], the root of all ethics.

The dispositions for acquiring the described associative connections is promoted and strengthened by the struggle for existence and breeding because they are purposive for the preservation of the species, and not just for complex organizations of psychically higher standing species as nations, but already among primitive bands. These original capacities for ethical associative complexes naturally appear first in lower organisms, as merely the simplest kind of reflex reactions. An extremely instructive example of social synergy [*Synergetik*] of a large group of individuals through primitive reflex reactions may be observed in a school of young fish. The entire school moves uniformly like an organism, particularly in fight or flight. The purpose of this phenomenon as preservation is clear: on close observation, one realizes it is grounded in the circumstance that each reflexive reaction of one individual triggers in another an impulse to the same reaction. It is a reaction analogous to the affective capacity of empathy described above, except that the psychological processes - the affects - are present here first as simpler reflexes. The further development of these reflexes into what we call ethical behavior is provided for by the teleology of the struggle for survival [*Daseinskampf*].

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[6]This presumably stems in part from the effects of the triggered reactive impulse being realized in the object, for example, in a work of art. – This does not contradict that beauty may secondarily trigger affective attack as a result of acquired associative connection, i. e., based on experience.

Among herd animals, the perception of a single individual's flight or defense movements leads reflexively to the execution of similar flight or defense movements in the others – in the more highly developed psyche to defensive impulses or the affective capacity for empathy. If the harm that has occurred to the first individual comes from a living being, the impulse to defense leads on its own to an impulse to attack this being. The threatening being may also be an individual in the herd in question; in the highly organized mass psyche, the impulse to defense turns, for all the individuals in the group, against the threat: out of primitive instincts emerges the sense of justice.

Pathological processes show us over and over again merely magnified pictures of normal conditions. What is present in excess is pathological and belongs to the analysis of the psychiatrist. In a reduced measure it is normal and belongs in the area of Individual Psychology. Understandable and analyzable, however, is only the extreme, and the questions of Individual Psychology can only be approached through pathological material.

ON THE DISINTEGRATION OF IMAGINATION

[Originally published 1902 as:
"*Ueber Vorstellungszerfall*" in
Monatsschrift für Psychologie und Neurologie, XI, 205-12.]

> Stricker has followed the processes in our speech apparatus during verbal thought and has found that every time we imagine [*vorstellen*] a letter, syllable, word or sentence, we have a particular sensation in areas of the speech apparatus that are activated in the actual speaking of the letter, syllable, word or sentence. He regards these sensations as light motor impulses centrifugally distributed to the speech apparatus anytime any sort of imagined speech [*Sprachvorstellung*] emerges in our conscious. ... However, the conscious associates each sensation of movement in the speech apparatus with a corresponding imagined sound [*Gehörsvorstellung*]. (Cramer, "*Die Hallucinationen im Muskelsinn*")

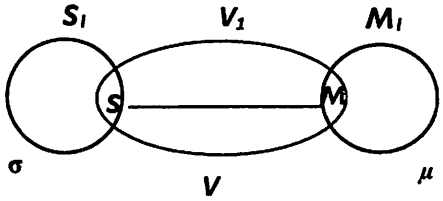
Out of these fundamental propositions emerges what it is that we must think of as an imagined word [*Wortvorstellung*]. They teach us the synthesis of individual words in the mind - with which we manipulate our verbal thinking - out of aspects of imagination, that is to say – exclusively or at least primarily – out of sounds that are thought, on the one hand, and 'muscle sensations,' on the other. From this insight we may further reason that precisely this synthetic composition of heterogeneous, that is to say, of bits of imagination belonging to different spheres of sensations presents an important characteristic for distinguishing words that we think, that is, associatively produced imagined words, from simple perceptions, which depend on direct (external) stimulation of homogeneous sensory fields.

If we attempt to determine what pathological consequences a disturbance in the synthesis of imagined words may have, then we see ourselves compelled to build on the concept of splitting [*Sejunktion*] discovered by Wernicke, and we arrive at the realization that a loosening of the fixed association that is necessary for synthesis of words in thought - between sounds [*Klangbilder*], on the one hand, and speech [*Sprechbilder*], on the other hand, -

must lead to disorientation as to the origin of these words or to a change in their immediate associative use.

If the associative connection between word sounds [*Wortklangbilder*] and speech [*Sprechbilder*] is impeded by "conductive resistances" or by intensified, disproportionate fatigue of individual neural elements, and if this results in disintegration [*Zerfall*] of imagined words into their components, then it may be the case and, given the circumstances, must be so, that one of the necessary pieces remains, alone, in the conscious. If, however, the imagined sound of a word separates from a speech movement belonging to it - if it appears as a pure sound in the conscious, then subjectively it must be perceived quite differently and, additionally, associatively applied in a quite different way than is a normally constructed imagined word; and its features will resemble those of perception, which of course – in contrast to the associatively aroused imagined word – are, from the start, not connected with any imagined speech movement.

The figure symbolizes the various kinds of associative spheres of irradiation containing the partial components of a disintegrative split [*sejunktiver Zerfall*].



S and M are the (main) components of an idea V: S + M = V. The sphere of irradiation from V is represented by the ellipse, V_1; the sphere of irradiation from S and M by the circles, S_1 and M_1. V_1 is something completely different than $S_1 + M_1$, and the sphere of irradiation of the isolated component S begins at the moment where the associative stimulation only works from S alone, a new field in itself that is represented by the segment of the circle σ.

The auditory component of the imagined word is marked by S, and the one formed by imagined speech movements is marked by M.

The isolated stimulation of the auditory component, S, of an imagined word presumably only occurs in a normal fashion due to an external stimulus. The associative sphere of irradiation S_1 is thus only heard as the result of an external stimulus or of the segment σ that belongs only to the isolated auditory component as such. Without an external stimulus, however, an isolation of the component S can only come about through a split [*Sejunktion*], a break in the fixed associative connection, SM.

Thus we see that the isolation of the auditory component of (word) idea, caused by a split, results in an area being tapped functionally that otherwise

is only activated by perceptions, and we may conclude from this that the isolated imagined sound must hold a close resemblance to a perception connected with an external stimulus. Inasmuch as in the functioning of those areas normally activated only by perception there is a specifically distinguishing characteristic for perception, they must contain that indefinable something that we call "being sensually alive."

In this way we can imagine, among other things, that through splitting and disintegration, imagined words and changed conditions for associative irradiation may resemble perceptions, and, in the right conditions, ensuing psychic formations also may appear subjectively to be perceptions.

I believe this sort of development is representative for a large number of phenomena at the least.

In the irradiation onto "specific sense perception cells" one has sought, with reason, the final cause for the occurrence of hallucinations; I find it necessary, however, to point out that - at least for phonemes - such an irradiation and its consequences may occur when images or ideas of speech movements fall away that are normally inseparably linked, which latter case must otherwise imprint upon the imagined word the undeniable characteristic of subjectivity.

I would like to add that, among other things, by the same splitting process, the component of a normally imagined word formed using imagined speech movements may also be isolated and its further associative processing altered. The irradiation area of the "myopsychic" component must similarly change as a result of being isolated, as we explained above for the auditory, and it seems not altogether impossible that an irradiation onto "motor projection fields" comes about in this way, leading to the psychomotor speaking of words. At any rate, this flow onto motor projection fields occurs more easily when an imagined speech movement is isolated than when the same is joined as a component to an imagined word, the associative use of which is otherwise given in its actually joining the associative chain to which it appears to be linked.

Of the psychoses for which, it seems to me, the above mentioned origin of phonemes may be assumed, acute conditions coinciding with protracted general splitting [*sejunktive*] processes offer fewest obstacles to explanation.

We might also, however, consider hallucinations in chronic paranoid states. Wernicke shows us that hallucinations in the chronically mentally ill are often nothing more than a commentary on overvalued ideas, put into phonemes. For the afflicted individual it is thus in many cases precisely the thoughts linked to a particular affect that take on the character of phonemes. The affect that is bound up with particular ideas could of course be the cause of the splitting of ideas, leading to hallucinations. The normal psyche offers analogies; that elements of affect may be linked *per se* to splitting is suggested by amnesia following intense affect. We know, on the other hand, that ideas with colorful effects - images that "excite the fancy" - easily "attain

plastic dimensions" for people who tend to "phantasize," that is to say, specifically sensory components separate out of the complex of aspects of imagination and resemble perceptual representation [*Wahrnehmungsvorstellungen*]. For a great many paranoid individuals, a pathological increase in such processes may produce phonemes when imagined words split apart.

What seems to me most characteristic for a hallucination developing from disintegration of imagination (*Vorstellungszerfall*) is the aspect of "thoughts becoming audible" that Cramer investigated. Hearing words spoken while one is reading [*Nachsprechenhören*] appears to me – in contrast to Cramer's interpretation – to allow no explanation other than a split between the components of imagined words that normally function together - and in such a way that the sound [*Klangbild*] remains in the conscious, delayed and isolated. Cramer's explanation fails to satisfy me because I think an intensified innervation of the imagined movement that points to one's own self must render impossible the outward projection of a sensation or its reinterpretation as sensory perception. What seems to me to have been demonstrated, more so than thoughts becoming audible, is the phenomenon known as "reflex hallucination," as, for example, in this observation: Someone - a type like Cramer's – assured quite firmly that he very frequently hears the name of an object he has suddenly caught sight of being called out to him by voices.

In his cases of chronic psychosis, Cramer almost always reports a rapid transition to dementia. The comparison between paranoia - which is linked to hallucinations - and a psychosis accompanied by audible thoughts tells us that the splitting [*Sejunktion*] of ideas involves a circumscript area connected to especially affective ideas; however, in the case of someone who, while reading, hallucinates words being spoken, for example, we are concerned with a split that spreads across the greater part of the activity of thought, and it is understandable that in the long run this process must affect stored terms in their entirety - that it leads not only to a falsification of "the content of the conscious" but still far more so to a loosening of "conscious activity."

II

An aspect I touched on only briefly above was "varying capacity for fatigue" of neural elements. I believe this aspect needs to be taken into account, together with "increased conductive resistances," as a factor in creating splitting. If the reciprocal functioning in a specific group of neural elements determines the existence of a certain "term" in the conscious, and if the ability of these elements to hold onto functional excitation to varyingly high degrees is, in pathological conditions, impaired, then among other things a breakdown of terms in the manner described above may result, meaning that the temporal splitting apart of the components of the term is not explained by the sole means of an impeded and slowed conduction.

I want to pick up a matter I pointed out some time ago ("On the Question of Socially Inhibiting Ideas," *Archiv für Kriminalanthropologie und Kriminalistik*). I believed at that time to have shown that in psychic functioning a cortical field (I spoke for the sake of ease of "elements of the conscious") is not necessarily exhausted when the idea corresponding to its excitation has left the "narrowing of the conscious," but that it continues for a long time in a subjectively no longer apperceptible, i. e., "subconscious" or, rather, "unconscious" state of activity that is decisive for the further direction taken at associative junctures.

This aspect appears to me imperative for the ordered thought process. Firm associative connections, together with functionally acquired levels of excitability of certain pathways, clearly comprise an indispensable basic condition for "normal overvaluing" (Wernicke) of particular groups of ideas, on the one hand, and, on the other hand, however, for the homogeneity of the material in one's memory and of the individual concepts with which our thought operates. However, we have to include other aspects in the explanation of the uniform thought process involved in the new acquisition of associative connections. Here, preformed connections cannot be decisive for what functions as "main" and what functions as "auxiliary" [*Neben-*] association because this varies, depending on the type of idea from which the thought process takes its start. The matter is somewhat simpler, however, if we assume that, through their post-function, the neural elements belonging to the starting idea bring about an influence of later members of the active chain of ideas - not only of previous intermediary members but, indirectly, of the starting idea (already having passed the "narrowing of the conscious") and thus always hold a position of a certain relational dependence on the initial idea.[1]

By hypothesizing an alteration in the way the neural elements are enabled with regard to the above-mentioned "post-function," we may theoretically construct various forms of the phenomena of functional disturbances.

1. If the neural elements show abnormal capacity for fatigue, that is, if they are capable of holding onto functional excitation only an abnormally short time, and if the post-function is thus reduced in its duration, this means a reduced ability to keep the latter members of a chain of ideas relative to the initial idea.

From this, an aberrant thought process results ("an inability to stay on the topic," as we say clinically). This would be a digressing thought process, not complicated by any stimulus symptom (compulsion to talk, exuberant mood), such as we see in fatigued and otherwise aesthenic conditions of the

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[1] I believe that the term, "aim of the idea" [*Zielvorstellung*], should be avoided in similar deliberations. The aim of the idea as the end result of a chain of thoughts is the effect, and thus may not also be considered as a partial cause. Where the goal enters the conscious already at the beginning of a chain of images or ideas, that is, as the aim of the reflection, the corresponding image functions in reality as the starting idea.

psychic organ. With an increase, the same phenomenon is a totally incoherent thought process.

2. If neural elements have an abnormal capacity for fatigue and are abnormally excitable as well, then they overcome excitation easily and lose it easily as well, so that the thought process is not ordered, but digresses, and at the same time, increased excitability leads to more associations and ideas. Flight of ideas and wealth of ideas combine, giving the picture of mania.

3. If neural elements show lessened excitability and (contrary to the norm) lessened capacity for fatigue that is harder than usual for them to overcome and they lose functional excitation, then the picture of melancholy might easily be constructed by simply inverting the deduction carried out above (2).

4. In my opinion, increased associative excitability alone cannot explain the manic symptom, because if neural elements retain an undepleted capacity for post-function together with increased excitability - which means an increased effort by the brain - then a starting idea must continue to influence the direction of ideas; thoughts have to follow in the same direction, but more freely and easily, and not pathology but genius is the case.

In closing, I would like to say that my intention has not been to offer an analysis that aims at totally exploring the area in question but rather to first arrange clinical experiences schematically. This is permissible when the aim is to allow a more unified approach and overview of the manifold of symptoms.

I would like to express my deep gratitude to my highly esteemed teacher, Prof. Anton, for the generous interest he has shown these observations, as, indeed, he has shown to all his students.

AFFECTIVE CAPACITY FOR REJECTION

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Challenging obstacles are offered for psychiatric systems, diagnoses and treatment methods by certain patients who present as their main symptom an unalterably refractory behavior when approached in any way. Familiarly, this phenomenon is not at all rare, and the difficulties in analyzing it lie in the nature of the thing itself, in the lack of information from the patient that might shed some light. An explanation is clearest in those cases in which a protracted psychomotor or intra-psychic blocking is the problem or where a hypo-aesthesia, in a narrow sense, hinders the patient's orientation regarding the situation and the correlation of actions for the purpose of contact with the surroundings. The rejecting behavior of people with senile dementia is partially (if not solely) explained by diminished perception. These categories are excluded from our observation.

I refer only to those curious cases that are given a very particular stamp by rejecting behavior *per se* and which I want to elucidate later on using two case sketches.

The clinical picture of the condition is a very characteristic one.

The patient remains motionless, his facial demeanor glaring and tense; he seldom takes part in the activity of his surroundings; his behavior is best described as "darkly brooding." No catatonic symptoms; general spatial orientation, when it can be tested at all, appears intact; the patient recognizes the doctor and attendant as such, sometimes refers by name to fellow patients. Not much can be ascertained as to hallucinations and insane ideas, due to taciturnity; still, it is apparent that the patient regards the people in charge of his treatment and care with particular contempt and a considerable sense of disparagement. The patient responds with the greatest rejection to any attempt to start a conversation with him; he gives no reply, his expression clouds; in bed the patient frequently turns his face to the wall. If one insists on an answer, then comments usually follow that express the unwillingness with which the patient confronts being spoken to, and he limits himself to as brusque a dismissal as possible: "I want quiet," "You just make me mad," etc. When coaxed further, the patient often reacts with wild aggression, the sudden and energetic outburst of which makes these patients

extremely dangerous. Attempts at any sort of necessary manipulation similarly provoke a strong affect of anger or anxiety and usually lead as well to an explosive attack. Left to himself, the patient shows little desire to entertain himself; one observes only from time to time a curiously pointless, dreamy sort of playing with small objects. If one succeeds at getting the patient to speak, then an aberrant, somewhat loose thought process manifests itself; the disturbances, however, never reach the level typical for so-called amentia. Meaningless answers are not observed.

What is characteristic about the condition consists therefore in hostile, rejecting behavior with explosive aggressions alongside otherwise broodingly silent, but quiet behavior and in a slight loosening of the thought process, with general orientation intact.

If we attempt now to explain the rejecting behavior through the psychology of the condition, then the most obvious way is to motivate the actions of the patient through more or less systematic ideas of pathological guilt and to grasp accordingly the entire condition as a purely paranoid one.

I find it impossible, however, to take the behavior of these patients as the corresponding reaction, so to speak, of normal conscious activity to an idea of persecution. This contradicts observations of the true paranoid as well as of the normal. The physiological reaction to an either real or insane interference lies unconditionally in activity, whether it expresses itself in flight or revenge, in defense or attack. In any case, a psyche that is undisturbed in its formal logic will be compelled all the more in a questionable situation to find contact with the surroundings and to take protective measures, relative to a grasp of the situation. I believe I may also make the assertion that every individual *ceteris paribus* is not able in the long run to sustain a lack of contact and will over short or long enter into conversation, if necessary even with the most abhorrent criminal in a penitentiary. (One is reminded of observations of prisoners in solitary confinement!) Every overvalued idea, every simple affect remains in the long run powerless against the most basic social instinct, the drive for self-articulation.

By contrast, the assumption may appear plausible that the affect lying at the root of rejection is always brought forth fresh at each new approach, so that at each attempt at a conversation an affect of displeasure [*Unlust*] is reflectively triggered, which the patient tries to escape by repelling conversation. Such a capacity for affect I now believe I may assume and explain through Wernicke's affective capacity for helplessness, in connection with the circumstance that the patients in question show a certain confusion in the course of their thought, that is, a disturbance of the activity of association.

The distressing affect of helplessness rests on self-perception of an obstacle to the capacity for orientation. An affect of helplessness appears therefore impossible for psychoses where normal conscious activity is intact, as well as for the entire activity of association under widespread blocking or

in the case of a protracted breakdown such that efforts at orientation and self-observation are impossible from the start. Helplessness emerges out of an imbalance between the need to orient oneself and the ability to orient oneself – therein lies the cause of the accompanying affect.

If we disregard those cases in which the falsifying of the conscious content through numerous hallucinations necessarily adds to disorientation, then we can only explain the materialization of an affect of helplessness through a change in conscious activity, as a result of which the processing and assimilation of perceptions – and spontaneously emerging ideas – appears more difficult. A simple minus of perceptions alone will never bring about an affect of helplessness, because the need to orient oneself is nothing other than a drive that serves self-preservation, to adapt to the present surroundings, or find one's way in them, and is initially triggered reflexively by stimuli, that is to say, perceptions. Where there are no perceptions, no need for orientation emerges, and therefore no affect of helplessness either. The extent of the latter rests far more on the relationship among the number of stimuli to be assimilated. The inability to process perceived stimuli into unified complexes and to assimilate them creates a disturbance of the capacity for orientation in the broadest sense, and the self-perception of this disturbance leads to the affect of helplessness.

Now it stands to reason that orientation is more easily achieved, if not for all disturbances, then for disturbances of this sort, the simpler the situations are that the affected individual must come to terms with. Any increase in new stimuli increases the disproportion between the need to orient oneself and the ability to orient oneself - increases the affect of helplessness. At this point, it must be obvious that such an individual, if he is still able to act coherently, will instinctively strive to prevent any increase in stimuli. With that, his actions are laid out for him: apathetic behavior and rejection of any attempts at approaches. Because conversation means, of course, an enormous increase in both external and inner stimuli, calling for numerous perceptions and the emergence of a group of ideas, all of which have to be assimilated and processed; the individual notices his own inability to do this, and this apperception leads to a heightened affect of displeasure [*Unlustaffekt*]. It makes sense that if these feelings of displeasure [*Unlustgefühle*] are now projected onto the person who is recognized as the reason for the immediate triggering of the increase in affect, the result is a brusque dismissal, or, if the affect swells to a sudden pitch, confused aggression – finally, on repetition of the process through one and the same person, a systematic idea of persecution.

I believe that holding onto the reflections we have made may serve to produce certain diagnostic and, above all, prognostic indications. This may be valuable inasmuch as the behavior of the patients in question makes successful study complicated, and the more or less clear ideas of persecution, the intact general spatial orientation, the lack of demonstrably protracted hallu-

cinations may, if the patient is observed at the height of the described condition, suggest a chronic paranoid illness. The nature of the prognosis may be influenced among other things by the fact that in the case of an affect of rejection, an ongoing change in conscious activity is more likely to be involved than is a falsification of conscious content.

I would like now in following to briefly sketch two relevant case studies:

Case I. E. (Graz Psych. Clinic). 30 years old, day laborer. Admitted September 27, 1901; acutely psychically ill.

September 28. On admission and thereafter pat. says nothing, but is not otherwise negative. Unusually attentive.

September 29. Strikes the attendant with a chair, hits a doctor without provocation.

September 30. More active today, responds coherently. Clearly oriented. States he is no longer ill; later, individual responses are lacking.

September 31. [*sic.* LLM] Erupts when a bandage is changed, screams, attacks the doctor. Hits the attendant; great effort is required to get him back into his caged bed.

October 4. Pat. lies in bed absolutely motionless without saying a word. Expression dark and rigid. With a hard, closed expression; a look of anticipation. During the interview pat. does not speak spontaneously at all; his responses either do not follow at all or after long pauses in a short, broken fashion. Pat. recognizes the doctor, correctly states his own earlier occupation. To most questions he replies: "don't know how that is." The one single spontaneous expression is the comment that the food here makes him funny in the head; further, that he would like to work again, but at an easier job because he cannot do hard work. To the question as to whether the interview makes him uncomfortable, pat. responds he would rather have peace and quiet. On parting from the doctor, he refuses, with a sullen gesture, to shake hands, gives altogether the impression of a highly mistrusting, sullen, and abruptly rejecting person.

October 5. Spontaneously says his head is empty. In reply to the question if he is afraid: "haven't done anything."

October 6. Refuses to answer; when pressed, is upset; suddenly says he wants to be left in peace.

Later pat. wants to get out of bed; when forced back into bed, he develops an aggressive affect, complaining profusely and coherently, then falls into his usual dark brooding.

October 7. Suddenly asks for alcohol.

October 8. Says he feels better, wants to work. Persistent motionlessness and lack of speech; fixed gaze.

October 11. One has the impression that it takes more effort for the pat. to give answers than to make spontaneous comments, the latter of which are occasionally smooth and fluent. Rejecting towards interview; expression

of impatience; when the doctor leaves, he calls out spontaneously, "stay here!"

Pat. sometimes makes picking motions, plays with small objects, complains that his thoughts are fuzzy.

October 15. Behavior unchanged, scarcely responds. He spontaneously says, "I just feel dumb; I feel so strange." When the gate to the bed is locked, he shouts, "locked up again!"

October 18. Affirms question about hearing voices (first response to this question). What do they say? "All sorts of things." Complaints? "Yes." To the question as to how the voices might be explained, he bursts out: "by telephone!"

October 19. Spontaneous *Luxatio humeri.* On questioning, he says this has happened often. Heightened affect of anxiety on being bandaged, makes defensive movements, later rips off the bandage.

October 21. Admitted to the insane asylum. Condition unchanged. – Somatic finding reveals nothing out of the ordinary.

Case II. – P. (Graz psychiatr. Clinic), age 34, cobbler, arrived by ambulance October 30, 1901.

October 31. Coherent, oriented; responds sensibly. Anamnestic statement that he has worked a great deal recently and slept little, especially in the last night. Says he is "drowsy" today, did not recognize a colleague - attacked him. Somewhat defective recollection of his admission; excessive.

Later he gets to talking, demonstrates some flight of idea, gets lost in mystical, partly spiritual, partly socio-political thought processes; produces an enormous mass of largely incomprehensible, insane ideas. Says he is a Sunday child, talked to his double the previous Sunday, on a Sunday heard the voices of his guarding spirit for the first time; says the proof came from above and consisted in apparitions he saw in the light in his workshop.

Says he needs to solve a knob (means a puzzle), has already solved one such. Emperor Wilhelm would have to come to Transvaal with his (walking) stick. Says his stick is a thorny branch.

Says he is destined for greatness, is to introduce the eight-hour workday; a mountain spirit will help him. Says he is so strong it would take more than eight men to hold him. Says he is ready to "draw" people and to "hold" them. Says he will "do something" under cover and a certain fellow patient will begin to moan. Says he could give samples of his power, feels since Sunday his guarding spirit.

Says he has noticed today that people repeat what he is thinking. Whenever he "has the power" he only needs to think something and others repeat it.

Says the previous year he was "inhibited," but now he will set his things in motion because he "has moved his brother." Says this is the point he cannot explain.

All these ideas are put in a very strange way. Thought process is largely incomprehensible.

He looks significantly at a book that is given to him for a reading sample, says: "That is the book that has been imitated; that is against the power." Asked for a writing sample, pat. at first appears mistrusting, and when a spot accidentally falls from the doctor's pen onto the printed word "competence," pat. says significantly: "The spot was for me, that is my home, a nameless black spot."

The content of the free written sample says: "Esteemed brothers! I beseech you beware of tricksters, millers and butchers, but not of honest workers, for he who has no work has no master, because work is our only master, and since by bribing the guard I arrived here without work, so I entreat you, stay firmly and faithfully united from now on to avoid excommunication, up to now leaders have been bad. With a sincere brotherly greeting. Good luck!" Instead of a signature, there are strange dots and crosses.

Physical finding: small, muscular, poorly nourished, very anemic. Knee reflexes slightly hyper, pupils somewhat constricted, reactions prompt. Facialis and tongue symmetrical.

November 1. Refuses to urinate: "If one doesn't work, then one can't urinate either." It is his mission to stamp out big capital; refuses to explain his ideas further because his time has not yet come. Says he is in contact with the planets, feels an electrical influence. Says he is here in the second person, the doubting Thomas. Sample: "No one gets past my witnesses; everything is iron, gold, silver, metal; everything here is gold, my creation ... I am not in the world; I am nowhere; I have no master, have to first search for one. Compulsive speech, flight of ideas, lowest grade confusion.

November 2. Says that during the rounds today someone cut off his foot, it has to be returned to him, otherwise he will turn the doctor into a pillar of salt. Says his body is split, his heart is gone, only his spirit is there; says he is a monkey, will have to first be bridled to be human. Says he opened his eyes once and his head was gone, had to search for it everywhere and then found it again. Slips under pillows and mattresses, claims he is lying under the Schlossberg. Asked more closely what he has there, he says calmly, however: "a pillow." Claims he sees a picture of Bismarck on the wall. Bismarck looks like a polar bear, however. Voice raised angrily; expansive ideas. Emperor Wilhelm will come to him, he says; he fears neither God nor the devil, etc. Animated: Pat. looks around and flails about in the cage bed, drapes it with his blankets, fastens a cloth on the ceiling and rings it.

Sample: "Everywhere pitch turns into sulphur, from that comes metal, then gold, then precious gems, and coal is the sister of the precious gem. How is it that the mountaineer labors 24 hours a day and others do nothing - eat and play all day long, and a poor devil has to work alongside ... in the

corner there is the middle point of the world, two points, when they come together, the world will fall apart.

The pat. frequently enters into conversation with other patients and often tells good jokes. Loudly solves intelligence problems put to others and always correctly. When his attention can be caught, he speaks altogether logically, even shows a fine grasp of the situation.

November 3. Calm, makes an imbalanced, secretive impression; everything is the same to him, says he will leave it all up to whoever controls him. Asked who that is: "I don't know, that remains to be seen."

November 8. Consistently coherent. Somewhat euphoric, hostile.

November 25. Pat. submits a very coherent request to the hospital administration asking for work. He does housework. Skillfully, decisively intervening, with risk to his own person, he prevents a fellow patient from committing suicide.

November 27. Consistently calm, coherent and friendly.

November 28. Today anxiously agitated, walks back and forth thoughtfully, cries often, little motivation. Holds the doctor's hand tightly, acts as if he wants protection; lets himself be assured he won't be hurt, is afraid he'll be held responsible for thefts that happened outside. In the evening verbose; easily distracted; occasional seems somewhat confused. When the doctor examines another pat., he calls out: "Freedom, equality, brotherhood, let it descend on me!"

November 29. Dark, rigid expression; during the examination tries to break the retinoscope, explains he was afraid of it. Later refuses to answer.

Affect of helplessness: Says it is strange, doesn't know what the stupid irritation is about, says he is made a fool of, everything is a puzzle to him.

Says he will be blinded by light here, martyred, is hit day and night, would rather die.

Thought process somewhat deviant; decreased ability to concentrate.

November 30. Sinister, rejecting behavior, wildly aggressive at any attempt made to talk to him.

December 1. Grimaces; when asked, says: "I want to be the fool I should be made into."

December 2. Flight of ideas, confused thinking, consisting, for the most part, of a string of pathetic phrases.

Somatopsychic disorientation: Says he has lent his heart to his brother - only his spirit is left; says he has recently changed, his size is different now. Expresses a fear of being torn apart. Holds out his hand, meanwhile making mysterious formulaic movements.

December 3. Complains that a voice is coming out of his chest.

December 4. Complains that the wrong people always enter the room.

December 5. Says he doesn't know if he is still P. Everything has changed. When he came, someone took out one of his eyes. Says today he saw attendants pumping out a patient's insides.

Affect of helplessness: Says he doesn't know what is going on, what people want from him. Says everything is wrong here.

December 6. Secretive, rejecting behavior. States: "I just don't know at all who I am any more.

December 7. Very still, mostly refuses to respond, explains this at one point by saying that the one doing the asking is not the right person. He doesn't know what people want from him.

December 13. Coherent, oriented, wants something to occupy him. Somewhat remote, with dark foreboding that he will be put in the insane asylum; says there death will release him.

December 15. Noticeably euphoric. Insight into his illness.

December 26. Mistrusting, rejecting behavior; refuses to answer; accuses the doctors of lies and vagueness. With a strangely avid expression on his face helps every agitated patient against doctors and attendants. Is otherwise rigid, stares straight ahead with a gloomy expression.

December 29. Very mutistic today, takes up peculiar positions, picks up imaginary small objects with his mouth.

December 30. Complains about the doctors, kicks at them, but refers to them correctly by name. Later talkative, coherent, oriented, some flight of ideas. Says there are 10 people here who are like him; says one sucks his ideas out.

December 31. Mutistically rejecting nature; when spoken to, states that a sick man needs quiet, he shouldn't be forced; says one should not rush into things.

January 1, 1902. More cheerful today, behavior somewhat awkward, replies to questions laughingly with clearly ironically intended misunderstanding.

January 5. Fairly motionless, surly expression; refuses to answer, but speaks immediately when asked about phonemes, affirming that he only hears real voices, for example, that of the doctor.

January 9. Fairly motionless; turns to the wall during rounds; when spoken to shouts: "now I want quiet for once."

January 12. Cheerful mood, but surly, ironical rejection, for example, derisive hm, hm as sole response. Strips naked.

January 13. Fairly motionless, surly rejection, insists on not being "quizzed."

January 15. Speaks and moves about little. Rejection continues.

January 18. Fairly motionless; refuses to answer; when pressed, he screams angrily: "get away from me."

February 8, 1902. Following some wild explosions, pat. has recently become considerably clearer and much more amiable. Responds to the doctor's greeting, appears well oriented. He is quiet, but not unfriendly any more, but it is not possible to get him to give a unified retrospective explanation. He takes part in general conversations but more as a listener, apparently able to follow even a complicated conversation.

117 – 29 = 88

December 9. Picked up to be taken to a local institution.

Of the two cases, the first is clearly the more uniform and typical; the second, by contrast, far more instructive. In this case, which one might well describe as acute paranoia, we are dealing with a picture of curiously remitting, protracted confusion that never reaches complete incoherence; with concentration, the patient was able to produce logical thought processes even in phases of greatest excitability. To what extent hallucinations contributed to his confusion it is difficult to determine, given the lack of information; these are not in the foreground, however, and in their paucity they are not sufficient to explain the existing helplessness. What appears peculiar here are the occasional, somewhat bizarre somatopsychic disturbances, like the sensation of not having a heart any more, of not having any head or eyes. That we so rarely hear of something similar in functional psychosis may stem mainly from the fact that in psychoses with confusion, severely splitting disintegration [*sejunktiver Zerfall*] typically keeps disturbances of orientation from developing in areas of physicality and personality. Delusional misjudgments of people and situations at any rate play an important role – an aspect that lets the disturbance in the processing of stimuli show up quite clearly. At the same time, a group of ideas or relationships appeared - partly in strange forms - when the patient identified with his fellow patients; and the medical measures undertaken on others became the starting point for affectively colored impulses of defense. Here, as in typical ideas of relationship [*Beziehungsideen*], we encounter Wernicke's characteristic phenomenon of perceptions gaining an abnormal influence on total psychic activity through a particular increase in the accompanying tone of feeling. Where a more keenly emphasized perceptual sensation ceases to limit itself to a circumscribed area and extends instead over all perceptions, a general disturbance in comprehension must displace a circumscribed systematic falsification of the picture of the outside world. Deconstruction of a useful concept for the current surroundings is only possible for us through a, *sit venia verbo*, correct selection of the stimuli for processing, a task that our organ for association must carry out and which rests to the highest degree on an acquired grading of the emphasis placed on sensation in individual perceptions. Only this acquired grading allows regulation of the complicated processes that we tend to group together as attention. If, by contrast, the emphasis on sensation appears to be evenly increased in all perceptions and the acquired grading thus paralyzed, that is, if external stimuli all enter the conscious with equal intensity, then a larger summation of impressions must occur than the brain is able to assimilate. And this piling up of impressions is not encountered by a brain that is able to compensate by generally relaxing the grouping of associative connections, as in manic hypermetamorphosis, but rather, it is met by a fatigued organ of association. The cumulative impact of feeling-intensified external impressions is thus what initially elicits an insufficient

capacity for orientation and throws the patient into an affect of helplessness. Helplessness is therefore the most constant symptom in the changing picture of P's condition; it is obvious that this helplessness increased in every interview, as it did with every increase in the number of stimuli altogether, and that the patient instinctively avoided these painful events by rejecting interviews and withdrawing, secretive, still and taciturn; this is clear when one considers the patient almost always retained at least a large residue of an intact conscious. Short periods of severe confusion were accordingly accompanied by high animation, and in the phases of rejection as well the patient clearly showed - in the event that he could be brought to speak - a flight of ideas – a circumstance that certainly speaks for rejection being brought about more by re-activated blocking affect than by a simple psychic under-functioning.

What can be excluded, finally, is the idea that blocking came about through an affect of fear. In moments when he was controlled by intense ideas of fear, the patient's facial expressions showed more a raging spite than anxiety [*Ängstlichkeit*], and he gave an impression of fear only a single time (at the outbreak of a relapse). The affect with which he refused interviews clearly signaled impatience and irritation, and when he brooded, his facial expression was sinister and secretive, but never desperate. Pat. always showed an elevated sense of self, and his reflexively heightened affect of rejection when he was encouraged in a friendly manner is plainly counter to ordinary fear.

More homogeneous than the case of P. is the first case, E. Sudden onset, generally intact external orientation, and hallucinations spoke for an acute hallucinatory illness, although precisely the hallucinations were far more rare than is true for typical cases of this illness. Against that, however, spoke the secretive behavior, the rejection, the explosive aggressions and, finally, the self-perception of minimal confusion.

From what has been said, we would have to understand from this picture a large residue of coherent conscious consistently countering a primary low-grade confusion. In that way, the pat. gained self-perception of his insufficiency, which led to his constantly rejecting any increase in the number of impacting stimuli, as well as leading to his paranoid processing of the fact that increased helplessness and affect of unwillingness were connected with intervention from other persons.

Similar psychic processes are easily found in the psychology of everyday life. Everyone who is preoccupied with complicated or especially affective thought processes senses an increase in the data to be processed from external stimuli as a disturbance, which means he encounters it with the affect of rejection. Something similar happens to the fatigued or neurasthenic individual whose brain is capable of processing only a small amount of impressions and ideas simultaneously. Both may increase pathologically; a patient may be so preoccupied with his hallucinations and insane ideas that he cannot tolerate any disturbance in his own thought processes; or it may be a

condition related to fatigue, in which an upper limit of the quantity of stimuli yet to be processed appears abnormally lowered, and the patient instinctively rejects a higher increase in the number of stimuli. That this – in contrast to an overloading of the conscious with a massive number of insane ideas and hallucinations - might have been a factor in both our cases, is clear from observation of the patients.

On review of the description of the condition, there seems to me to be an indication given for its classification. We must view such cases as the result of a confusion that is acutely onset, but protracted without becoming full scale. What we have to understand as confusion here is a given: a loosening of extensive associations and a disturbance in the grading of emphasis, relative to pathologically heightened irritability. In current nomenclature we tend to refer to such conditions as amentia, and the picture described does indeed remind us in part of occasionally observed initial phases of amentia, for which a residue of general orientation tends to still be intact, or, still more, of the paranoid stage corresponding to the termination of this psychosis. Particularly in reviewing P.'s patient history one almost has the impression that to some extent the beginning and end stages of amentia were alternately linked to one another as a consequence of the particularly unusual course of the illness, which was regularly punctuated by remission.

I would like to suggest that such cases - with protracted but slight and thus often partially masked confusion, with protracted helplessness, and with affective capacity of rejection that may lead to explosive aggressions - be referred to as a sub-acute form of amentia or perhaps, because of the appearance of feelings of persecution, as *amentia paranoides*.[1]

I am grateful to the esteemed Director of the Clinic, Professor Anton, for his generous permission to use the material and for the kind interest he has shown in my work.

[1]Thus it should not be excluded that such pictures of conditions might appear as relatively independent phases of a chronically progressive process of splitting [*Sejunktion*], e. g., in dementia praecox.

THE CEREBRAL SECONDARY FUNCTION

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Introduction

This work sprang from the desire to bring the theory of the secondary function into a unified system. What I said earlier about it were scattered articles intending the ideas as a sketch. At that time, I spoke mostly of a "post-function". The present name says the same, but it is understood somewhat more generally. – It was impossible to avoid repetitions. Much of what I have said earlier had to be repeated almost word for word for the sake of uniformity.

The final chapter of the work is not actually psychiatric in nature; it is more applied Individual Psychology. I found myself obliged, however, to point out for the sake of completeness all the extensions that could be concluded from the theory of the second function, and in this way one necessarily arrives outside the framework of actual psychiatry. As always when one follows the results of psychiatric thought to its final consequences. Processes of illness show us over and over again the magnified pictures of normal relationships. What is excessively present - that is pathological, that belongs to the analysis of the psychiatrist. In reduced measure, it is normal and belongs in the area of Individual Psychology. Only the extreme, however, is understandable, analyzable, and only from psychiatric material do the questions of Individual Psychology arise.

Degeneration is an example by which this can be clarified. I single out two juxtaposed types as main forms of degeneration. A continuous line leads from the one type to the other – through the normal. Whatever forms psychopathological symptoms at the endpoints of the lines - that becomes individual differences near the mid-point. But only in their excessive increase, as psychopathic symptoms, are these differences comprehensible. By reducing the psychopathic signs of difference we reach the individually psychological. And only in this way.

For the sake of clarity, I will in future refer to every activity of a neural or cortical element representing the emergence of an idea in the conscious as a primary function and the activity that follows it, referred to above as post-function, as a secondary function.

I will now attempt a physiological hypothesis as the basis of the secondary function, and although I know it is pure speculation, I nonetheless feel justified in doing so because I promise myself from this hypothetical physiological explanation a useful illustration and schematization of the physiological postulate.

We may assume that a ganglion cell suffers a loss of stored nutritive substance during the primary function. Through this loss, it is prevented for a long while from performing its primary function, and we may thus explain the constant physiological change in the conscious. As in any other functioning cell, however, the drain on nutritive substance must be replaced in the ganglion cell immediately. This replacement of nutritive substance means a state of irritation; and to approach the problem more closely we now need merely to assume that this state of irritation irradiates, transplanting itself along the associative pathways to those cortical fields that have associative connections with the neural element that is in the state of irritation, i. e., in the secondary function.

There is yet another hypothetical consideration, which I would not like to leave unmentioned. It may rightly be assumed that "associative excitation" or the intensity of psycho-physiological functioning is particularly effective in thought processes with a great deal of affect. Affect-charged chains of ideas reinforce associative connections far more quickly and enduringly and also remain, as is well known, far more tightly wedged in the conscious. With this more intensive psycho-physiological function must now also coincide an increased use of nutritive substance, meaning longer regeneration time and presumably intense irritation as well. This produces a longer and more intense secondary function for affect-charged ideas, which can be understood as the reason why such ideas control the conscious for long periods of time and with particularly powerful repression of all other ideas. –

Changes in secondary function involve intensity and temporal duration. For these changes we may also construct a physiological basis. Nutritive regeneration for ganglion cells may take an unusually long time, and the irradiating stimulus that accompanies it may be unusually intense; as a result, secondary function increases with regard to intensity and temporal duration. We may assume that cells regenerate unusually quickly when metabolic tone is heightened, temporally shortening the secondary function. Or it may be the case that regeneration of the neural elements and thus of the secondary function as well is completely suspended as a result of a high degree of exhaustion. – Further, we can imagine all these changes either as diffuse, in the sense of systemic illness, or as localized, in the sense of either simple or complex infectious disease.

Now it is a matter of tracing the different psychological effects of the various alterations. In regard to diffuse decrease and shortening of the secondary function, I note here again what I have said elsewhere:[1]

1. If the secondary function is reduced in intensity and duration, then the individual loses the ability to keep his thoughts related to a starting point, i. e., to the topic. An aberrant thought process results that is not, however, complicated by compulsion to talk and by flow of ideas. – Clinically, we encounter this picture frequently following exhaustion, for example, following severe epileptic attacks.

2. If the secondary function is lowered in intensity and duration, and, additionally, however, the excitability of the primary function is heightened, then, as in the above case and for the same reasons, an aberrant thought process comes about, but, in addition, an eased flow of the associative processes, flow of ideas, compulsion to talk, drive toward activity. – Clinically, this produces the picture of mania. –

The increase in duration and intensity in the secondary function is connected to the phenomenon that we call narrowing of conscious [*Einengung*]. Under narrowing of the conscious we understand – I point this out expressly to avoid its being confused with other terms – a reduction in groups occupying the conscious over a space of time. Individual ideas may not be reduced in number relative to the secondary function. Presumably, however, the number of groups of ideas are.

To appreciate this, one has to dispense with an idea that is fairly regularly re-awakened by the somewhat ill-chosen term "narrowing of conscious": namely, as though it were a matter of the number of ideas simultaneously present in the conscious. Presumably, the number represents a fixed volume and changes occur only in regard to automatic processes and actions that occur alongside the actual conscious.[2]

Therefore we refer to a temporal unit, to a specific time duration in regard to various "widths" of conscious, but not necessarily to a mathematical point in time. Within a unit of time the number of individual ideas may of course also be reduced, meaning that psychic processing is less flexible and ideas simply follow more slowly. We typically explain this phenomenon through reduced excitability of conscious elements, and refer not to narrowing but to inhibition. – In narrowing of conscious, by contrast, ideas follow with the same rapidity as normally, but chains of ideas are affected in their arrangement with regard to content. This is only a matter of the num-

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[1]"On the Disintegration of Imagination". Monatsschrift für Neurologie und Psychiatrie, March 1902.

[2]Perhaps the "width" of the conscious is connected with "intelligence" from a mathematical point of view. At any rate, however, it has nothing to do with what we call here the width of conscious. Rather with what we call "clarity of concepts." With that, we refer to the number of individual ideas whose simultaneous emergence in the conscious signifies the emergence of a "concept."

ber of groups of ideas – *sit venia verbo*: of the topics the conscious is able to deal with in a unit of time.

We see that it is a matter of the increase in intensity or duration of the secondary function. We said earlier that the homogeneity of "topic" in the thought process is achieved by the secondary function. As long as the starting idea[3] of a chain of thoughts still finds itself in the state of secondary function, all the ideas are given preference that are associatively connected with the initial idea - which means here: connected with it by content. Other elements must now provide a counterbalance to this contractive effect of the secondary function. External stimuli can and should be able to direct attention in a proper relationship to their value; that is, given the circumstances, the external stimulus thus controlled must be greater than the one given by the secondary function of other starting ideas. However, memories that surface in connection with the topic of thought should also have a certain degree of independence in relation to starting ideas. In that way, the thought process has a possibility for moving in a remote direction, then returning, swiftly and unimpeded, to the more narrow topic, thus establishing a connection between the actual topic and all sorts of remote subjects. The secondary function of the starting or main idea thus mixes with all sorts of remote ideas and, according to what we said earlier about the effect of the secondary function, it can be explained that ideas that connect associatively are able to surface in this way and thus contextually as well, both with the main idea and with distant auxiliary ideas [*Nebenvorstellungen*]. All these factors together make pliability and manifold of thought possible, and its existence is contingent on those paths of stimuli that form a counterbalance to fixed, contractive, narrowing energy coming from the secondary function of the starting or main ideas. For these factors to be effective, however, the intensity and duration of the secondary function may not go beyond a certain degree. This, however, must be the case where the secondary function is developed beyond this extent due to an increase in contractive energy. The psychological results of such diffuse reinforcement of the secondary function are easy to project. Attention to external stimuli is

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[3] I frequently use the expressions "main idea," "starting idea," and "topic" as synonyms. This is to be understood in the sense of the "topic" of a thought process being maintained by the dependence of conscious activity on a "main idea." Every "main idea" is, however, a "starting idea" – not, of course, the reverse! Because an idea in the mind as the aim of reflection in the conscious is a starting idea. I have previously pointed out that one would do well to avoid the expression "the idea aimed at" [*Zielvorstellung*] altogether. Because an idea that forms the closure, that is to say, the end result of an act of thought is an effect and cannot also be simultaneously the cause; thus it is irrelevant for the thought process itself. What has been in mind from the start as a goal of reflection in the conscious and gives the thought process its direction has indeed been there from the start, is a starting idea and guides the thought process through its secondary function.

reduced, the individual is more occupied by inner processes than by the external world and perceives and makes use of external impressions with greater difficulty. The manifold of thought is reduced; only things that are closely related to each other are thought within a single time unit; with intact intelligence or intact, facilitated excitability of the primary function, a deepening of the thought processes may emerge instead.

We thus see that well-circumscribed, typical alterations in conscious activity follow from diffuse changes in the secondary function. An increase in the secondary function corresponds to a narrowing [*Verengerung*] and perhaps a deepening [*Vertiefung*]; a decrease in the secondary function to a flattening [*Verflachung*] and perhaps a broadening [*Verbreiterung*] of the conscious.

Chapter II

The degenerative constitution.
The inferiority complex with flattened
and the inferiority complex with narrowed conscious.

As an area along the border between the normal and the psychoses in a narrower sense and as the main area where the latter occur, we find a broad stratum of all those individuals that we refer to as pathological characters and morally insane, as eccentrics and paranoiacs (Dickhoff), hysterics and neurasthenics, and, collectively, by the general term "degenerates." It is clear that vastly varied causes combine to create this chaos. And since it is not only a matter of clear pictures of illness, since in most cases the pathology is present only in reduced intensity, inasmuch as it is usually a matter of completely diffuse changes expressing themselves in the most varied areas of every individual psyche; and, finally, since individual, social, and incidental external influences provide an impact of change here in disproportionately greater degree than in typical psychoses – for precisely these reasons it is this border region that confronts psychological analysis and systematization with the greatest difficulties. As a result of the fact that the degenerative constitution may randomly extend across the most varied areas and functions of the central nervous system, it is also impossible to try to systematize all these conditions from a single point of view. – Here I want to single out only those groups for which I believe the abnormalities of their psychic mechanism may be traced back in a typical way to typical constitutional changes in the secondary function, and which, above all, appear to form the main contingent of degeneration.

The shortening of the secondary function appears to occur in an isolated way only in conditions of exhaustion, but otherwise regularly in connection with an eased associative excitability or with facile entry into the primary function. This is understandable when one imagines the physiological basis of this change as a general rise in neural tone, as demonstrated by functional facilitation and by accelerated regeneration.

If this condition exists *ab ovo* as constitutional change, there is necessarily a corresponding psychological picture of persevering hypomanic conscious activity. The familiar abnormality of nature and character results that a Dutch physician has fittingly called "sanguine inferiority complex"

In hypomanic inferiority complex or, as I prefer to call it, in the inferiority complex with flattened conscious, the affection concerns first of all

the contextual homogeneity of the thought processes. Given what has been said above, this is easily explained by reduced contractive energy in the secondary function. Inadequate homogeneity need not manifest itself through flight of ideas, nor does it usually, but rather it expresses itself in the incapability for complex, particularly abstract reflections that are required for longer preoccupation with one and the same topic. On the outside, this is seen in inadequately complex considerations in important matters, in life-important matters, as well as in questions of an ethical nature. Someone with this sort of degeneration is not able to think about any topic over a long period of time, not able, therefore, to completely process issues that would require this and is thus not able to deal properly with what are the most important questions. Because he does not understand such questions, he is not able to assign them the proper affective value – far less than trivial matters that can be grasped quickly and therefore completely. The result is an inability for proper affective valuing and thus for proper distinction between the important and the unimportant. We call this phenomenon a lack of criticism.

A second symptom of flattened consciousness is the strong influence that external stimuli exert, which we cannot explain solely by increased functional excitability because this would have to be true from the start both for inner and for external stimulation. More important is the reduction of the secondary function and thus of the contractive energy of inner psychic processes. With that, everything is lost that we call "collectedness," the stimulus from outside is stronger than the secondary function of previous ideas, the individual turns his unblocked attention to external stimuli. Through increased attention to the surroundings and – as has been mentioned, virtually always present – eased execution of associative processes, there exists for the most part a very prompt, immediate grasp of the surroundings. Momentary self-orientation in complex situations is also achieved for the most part quite well, since the surfacing of very disparate ideas within a short space of time as a result of the shortening of the current secondary function takes place quite easily. Therefore such individuals, almost without exception, have at their disposal presence of mind and daring. Since the conscious always occupies itself with immediate perceptions without any blocking [*ungehemmt*] and, as has been said, can assimilate numerous and disparate perceptions in a short time, since immediate associative activity is also eased, such individuals quickly find their way in the most varied situations and generally also very quickly find appropriate reactions to events immediately affecting them. We refer to this trait as cleverness. In intelligent people of high standing with an inferiority complex of the type in question, this trait sometimes also expresses itself as confidence or in a fine sense of tact.

In stark contrast to this stands a limited ability for processing perceptions and storing them in an enduring way in the conscious. This is also easily

explained by the circumstance that a "natural mnemonics" or method of committing material to memory consists of associative synthesis, that is, in the connection of new complexes of ideas with old ones. This fails where contextual homogeneity of synthetic thought is impaired due to contractive energy - where the secondary function of all ideas following one after the other in the conscious is erased, i. e. the associative processing falls away. – I have noticed how highly intelligent people with an inferiority complex of the described type are able to describe only very poorly the towns and countries where they have spent their restless lives.

I would like to call attention to a highly characteristic symptom that is clearly connected with change in the secondary function: the tendency to cynicism. This circumstance appears to me so revealing that I would like to deal with it at length.

Under cynicism we understand pleasure in narrow associative connections between things that are appealing and things that are repulsive. This is especially true of the obscenities that form the main contingency of "cynical" jokes and for which an erotic motive is connected with a repulsive idea. Through eroticism, feelings of pleasure, i. e. impulses to attack, are triggered; through an ugly idea, impulses toward defense. If these occur one right after the other, the psychic organ must shift from one "type of attitude" to another, must achieve disparate things in a short period of time; through the contractive energy in the secondary function this is connected with overcoming difficulties marked by a strong feeling of displeasure. This stimulus of displeasure is naturally all the more limited the less the effect of the secondary function makes itself felt. Now almost every stimulus that produces a sense of displeasure together with strong intensity reaches a certain level, as it gradually decreases, at which it is connected with a certain feeling of pleasure. I explain to myself mainly in this way how it is that people with flattened conscious take such obvious delight in cynicisms that are embarrassing to a high degree for individuals with normal or even with an increased secondary function.

Inability to pursue complex thought processes to their end, rapid change in psychic content, lack of criticism, uninhibited reaction to external stimuli all explain why individuals of this description find themselves in the condition so extraordinarily aptly calls (for acute mania) the "levelling of ideas" [*Nivellierung der Vorstellungen*]. With the sole difference that in them the nuancing of valuing does not take effect at all. The grading of affective valuing is tied to the ability for comparing affective values and these, again, to ample associative connection among all groups of ideas and sensations. Since with a swift and ineffective transition of all ideas through the conscious this cannot occur, the real characteristic for the inferiority complex with flattened conscious is equal valuing of all groups of ideas.

From what has been said it may easily be explained that the type of inferiority complex of this description shows itself on the outside as moral in-

sanity, and this actually appears to be the most prevalent form of pathological character formations arising under this name. The cases of moral insanity I have dealt with belong entirely to the described type.

Far more important – and presumably more frequent – is the opposite form, which I call the inferiority complex with narrowed conscious and which we can trace back to a diffuse increase in the secondary function in time and intensity.

In synthetic thinking, this shows up as an increase in contractive energy. Clearly, homogeneity and, within limits, also a deepening of psychic processes are supported in this way; but the manifold, the wealth of ideas may be impaired, however. When an initial or basic idea enters the conscious, it exerts control long enough to be intensely "thought through," but only groups of ideas with rich associative connections to the basic idea are involved, which generally means they are closely related with regard to content.

For intelligent people – and these people are rarely completely lacking in talent – the described disposition brings with it the ability to produce a large quantity of mixed ideas out of the basic idea and all the related groups of ideas for a single matter - more psychologically stated, to follow a topic in all its details and think it through abstractly. More difficult, however, is the practical further utilization of the results of thinking that come from multifaceted connection of new products of synthetic thought. Because as a result of the increased contractive effect, only areas of ideas closely associatively or contextually related to the actual topic of thought can be caught up in the conscious; and the current topic of thought thereby closes itself off to some extent to the remainder of the conscious content. Herein lies the main point of the term "narrowing of the consciousness" [*Bewusstseinsengung*].

The immediate results are disturbances in the associative connection of the individual segments of the content of the conscious with one another. As a result of the law that associative connections only exist between ideas that are in the conscious within a short space of time or immediately following one another – as a result of this law, segments of ideas belonging to different contents can only be closely related when they are in close relation with one another within the act of thought itself. This, however, is only possible, from what has been said, if the contractive energy of the starting idea does not exceed a certain intensity and duration. If this is indeed the case, however, only contextually closely related groups of ideas surface within individual time units, and therefore only within these are lasting associative connections formed. Individual areas of images or ideas are tight, but between these separate complexes, only a poor higher connection exists. In this way, a split [*Sejunktion*] forms, by way of the narrowing of the conscious, and this manifests itself on the outside as a type of disharmonious personality.

From the split and the alteration of the thought process itself come typical disturbances of that important psychic effort that consists in the valuing of affect. Proper nuancing of affective values, as we have already said, rests on comparison, and this requires, on the one hand, capacity for contextually homogeneous thinking, on the other hand, however, lively integration of the various complexes to be compared as well.This last aspect is, however, disturbed in the disharmonious personality, and therefore habitual narrowing of the conscious leads, again, to the real stigma of the inferiority complexes, to affective lack of criticism [*affektive Kritiklosigkeit*].

This modality is naturally contrary to the flattened conscious. I mentioned at the start how I imagine the connection between the secondary function and affective intensity. A long and intense secondary function corresponds to a high level of affective intensity. Actually, it seems obvious that the inverse must be true: an enduring and deep affect must correlate with a long and intense secondary function. Therefore, the characteristic mood of individuals with narrowing conscious is presumably no coincidence; and we may easily explain moodiness, on the one hand, and the tendency to melancholy, on the other hand. Moodiness, the dependence of mood on trivial inner and external motives, may presumably be explained in that as a result of its heightened contractive energy any complex of ideas and sensations may take over the psyche in its entirety, allowing no corrective ideas, no opposing energies to surface. And the predominance of melancholy moods may also be understood through the forced, if implicit surrender to affects. Due to an extended secondary function, the individual might not be able to free himself from affectively colored ideas, as it were. Extension and deepening of affects, as well as affective lack of criticism, lead almost compulsively to overvaluing of affectively colored groups of ideas. As a matter of fact, the most characteristic symptom for the inferiority complex with narrowing conscious is the disposition for overvalued ideas.

Here is where the typical "eccentrics" belong, for example, that large group that Magnan describes as "zoophilomanics," vegetarians, people who protest against vaccination, people who believe in water cures, etc., Dickhoff's "paranoetics," everybody whose deviation from the norm consists in their uncritically giving themselves over to an affectively charged idea. These are "split" personalities, whose overvalued idea pervades their total behavior and yet is distinct from all other areas of ideas due to a high level of associative defect - has so formed within itself a fixed complex that, just as in the truly insane system of the paranoid, the flow of associations - which has become fixed and typical - has given their abnormal ideas the stamp of absolute incorrigibility.

As with inner thought processes, the relationship to external stimuli – the immediate positioning in regard to the environment – has a typical form among people with inferiority complexes. Increased contractive energy means that external stimuli must overcome increased resistances in order to

effect a more lasting reaction of the psyche. Individuals appear "distracted," "preoccupied by inner processes." They pay little attention to their environment, except for areas directly connected to their pathological or even normally overvalued ideas, for example, their occupation. The "ivory tower academic" almost always belongs here as a type; his one-sidedness is not the result of his occupation but, together with his occupation – which represents his individual overvalued idea – results from his constitution. – The "impractical type" relates closely to a processing that habitually adds to difficulty of external stimuli; and Magnan rightly – even if with different reasoning – refers to one-sidedness of effort and ability as characteristic of "'degenerates."

Difficulty in concentrating on external stimuli creates problems in the ability to give an appropriate immediate response. This problem worsens with an increase in the number and manifold of the external stimuli assimilated within a short time. This is precisely the opposite of the inner and external behavior described above for the juxtaposed type. The external result is a noticable lack of presence of mind. A particular way in which this reveals itself is the frequent occurrence of severe states of confusion.

All this brings with it a particularly typical abnormality of character and feeling. The individual realizes from innumerable occurrences of the same experience that he is not equal to situations associated with numerous, unanticipated and disparate stimuli and that such situations bring about a state of mind characterizable as a feeling of unease [*Unlustgefühl*] through stimulation of various competing centers of attraction: the after-effect of the secondary function of the inner processes, primary excitation of other ideas from the outside, and secondary functions of new ideas introduced by various stimuli all crossing one another create a painful over-exertion of the brain. The individual must instinctively seek to avoid such situations. To begin with, however, such situations are introduced through contact in larger social circles, which must therefore be avoided. The individual acquires a proclivity for solitude. Medical case histories of degenerates repeatedly tell of an early development of fear of people which to me seems best explained by the narrowing of conscious.

Simple avoidance of additional contact is not always where it ends. The experience that heightened feelings of displeasure [*Unlustgefühle*], aggravated psychic processing of impacting ideational material, awkward affects of confusion and helplessness all regularly connect again and again with impact from others – this experience to some extent forces the cause for all this unpleasantness to be projected onto others. The impulse to avoid people increases to an affect of defense towards them. The nature of people with an inferiority complex acquires the trait of mistrust that is typical for so many; and this, given an increase in intensity, leads, as we know, to ideas of persecution.

In this way, the inferiority complex with narrowed conscious [*Minderwertigkeit mit verengtem Bewusstsein*] predisposes to the occurrence of typical

factors threatening the remainder of one's mental health: lack of criticism, a tendency to overvalued ideas, an affective capacity for mistrust, a tendency to ideas of persecution. We see in this favorable conditions for development of paranoia. –

As for character, it is understandably the mirror image of what we have described. Here, too, we encounter typical changes. The way in which affects sustain themselves and are easily triggered by inner processes disposes the individual to a refined life of emotions, to sensitivity. Despite areas of ideas being cut off, there exists alongside a tendency to overvalued ideas a characteristic inclination toward relativism. Due to a tight cohesion of individual areas of ideas and sensations within themselves, an idea that has once been closely associated with inhibiting ideas has a hard time separating itself from them. To some extent, a whole complex of ideas is lifted out of the activity of the conscious *in toto*; if such a complex contains numerous inhibiting ideas, then these adhere and are set in motion each time that the complex is. This makes decisive action difficult – except when an overvalued idea is formed that manages to be carried out with the blind certitude of incorrigibility.

The real defects with regard to morality, however, rest here, too, on an inferior valuing of comparisons of various motivating and blocking [*antreibenden und hemmenden*] affects, on an affective lack of criticism [*affektive Kritiklosigkeit*].

Of the various "coincidences" that complicate the picture of degeneration, only one aspect needs to be mentioned as more immediately relevant. I mean the "*second état*," the explanation of which by means of a split [*Sejunktion*] has been demonstrated by Wernicke. It is compelling to trace this split back to an excessive increase in the process that I described earlier - the isolation of areas of ideas through the narrowing of the conscious. An increase of the highest degree in the separating out of a complex of ideas – here, that is, a purely temporally linked one as a result of episodic increase in the secondary function – must obviously occasionally lead to amnesia.

In the broadest sense of the term, we may call it an amnesic phenomenon if chains of ideas are, by way of narrowing [*Verengerung*] of the conscious, blocked from becoming conscious, that is to say, "forgotten." For as long as the thought process concentrates on a topic, the individual forgets, to some extent, everything that does not directly belong. A certain forgetfulness apparently related to "distractedness" seems rather typical here.

With regard to hysteria - which in a certain sense represents a deviation of the type described - and its connection to the narrowing of the conscious, nothing more needs to be said after Janet's work, *État mental des hystériques*. I believe also that my view of the nature of this narrowing might be adopted here quite easily.

Attempting to sum up now in a few words the nature of the types with which we are concerned, we may say generally: The degenerative constitution consists of an habitual, diffuse alteration in the secondary

function, that is, either in an increase or a decrease of duration and intensity. As a result, there is an alteration in the width of the conscious, and, in turn, a disturbance in the rating of affective values. What is characteristic for the inferiority complex with flattened conscious is levelling; for the inferiority complex with narrowed conscious it is the disposition to overvalued ideas. What is common to the inferiority complex *per se* is affective lack of criticism.

Chapter III

Acquired diffuse changes in the secondary function.
Acute psychoses.

The acute psychoses rest on acute fluctuations in neurophysiological functions. In this connection, fluctuations in the secondary function seem to me to play an especially important role. I would like to say that the negative anatomical finding in "functional psychoses" speaks for it being less a matter of a cessation of the function of individual or collective neural elements than a modification of the function in its finer points. And the second function and its changes are a psychologically significant, but physiologically so infinitely fine a thing that the lack of demonstrable pathological-anatomical findings, precisely in disturbances in the secondary function, does not seem odd. Speculatively, it should be mentioned here that the more that psychological disturbances can be traced back to changes in the secondary function, the more we need to seek the seat of anatomical changes in stored nutritive substances of the ganglion cells.

Constitutional anomalies of the secondary function appear also to favor the emergence of acute disturbances. Thus in inferiority complexes with narrowed conscious or even in similarly constituted "sensitive" people, we frequently see transitory impulses of happier moods with uninhibited behavior, erotic arousal, tendency to wild diversions and childishness that flesh out the picture of moody character changing with the weather and can be grasped as manic phases of the lowest grade. We need to inform ourselves about the connection of manic conscious activity with altered secondary function.

I have already spoken briefly about the so-called acute psychoses *per se* and the secondary function in my article "On the Disintegration of Imagination"[1] and have quoted the section in question in Chapter I of the present work almost verbatim. It is impossible, for the sake of continuity, to avoid repetitions.

The picture of the condition of acute mania corresponds exactly to the construction that results when we assume a heightened tone of irritability and nutrition. The primary function is strengthened and raised in its excitability; recovery of physiologically depleted nutritive substance is satisfied in the shortest time. Whatever position we take, by the way, regarding specul-

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[1] *Monatsschrift für Neurol. u. Psych.* 1902.

ative physiological explanation, the psychological formulation of the state is indisputably: ease of primary function, shortened secondary function.

The reduction of the secondary function can also be invoked to explain inability to stay on the subject – flight of ideas. Ease of primary function adds the phenomenon of quantitatively increased psychic production - compulsion to think, talk, act. Flattened conscious explains lack of inhibition, levelling of ideas. Thus it is not possible that critically or ethically inhibiting ideas become effective while psychic formations are chased through the conscious due to the inability to think in large complexes. The impulse associates itself to the idea; the act associates to the impulse, and the effect of the complex - out of which the primary idea separates itself - is no longer able to put "widely ramified masses of associations" into motion and from there perhaps to reach inhibiting ideas. The large pre-formed complexes of ideas in the conscious that link the possibility of an inhibition to every impulse are precluded from such an effect by the flight of ideas. Lack of inhibition, or rather, the exclusion of inhibitory ideas presumably also explains in part the presence of an affect of pleasure [*Lustaffekt*]. I believe, by the way, that neither this aspect nor the easing of the primary function fully explain affective capacity [*Affektlage*]. It is striking, moreover, that the normal affect of displeasure becomes the cause of relaxed, flighty processing of ideas. I believe that the mind's functional disposition, the normal or pathological attitude of which we perceive as pleasurable affect, consists, in its inner nature, of the changes we have described in functional and tonal regeneration. To some extent, affect and change in the processing of ideas are concomitant forms of expression of a common cause, which consists of a – here pathological – dispositional attitude of the mind [*Gehirn*].

Melancholy, in its psychological analysis, is simply the inverse of what has been described. For melancholy, too, it is not merely a matter of a change in the secondary function as we have discussed it for the psyche of the degenerate. Similar to the flight of ideas complicating mania through overproductivity is the narrowing of conscious in melancholy through blocking [*Hemmung*]. Blocking is a matter of the primary function being harder to stimulate due to the stimulus threshold being raised for psychically stimulated function. As a result, the number of ideas *per se* is reduced (not of groups of ideas) in the time unit; conscious activity is slowed and quantitatively impoverished. As a result of increased secondary function, narrowing of conscious is added to that, squeezing scattered masses of ideas into a few groups of ideas. Excessively heightened, lengthened secondary function determines the presence of overvalued ideas in the state of affective melancholy – in contrast to apathetic states of so-called stupor. Why overvalued ideas have depressive affective content can be explained here, again in part psychologically, and, in fact, through both self-perception of inhibition and narrowing of conscious, along with their effects on emotional life as described in Chapter II; however, here, too, we must see the real reason for

affective capacity in the pathological processing of a primary dispositional attitude of the neural organism to a certain reactive and functional method.

It is necessary here to discuss a certain form – or rather, result – of narrowing of conscious or of the heightened secondary function that will occupy us later in more depth: stereotypic psychic processes. For affective melancholy, it is intrapsychic stereotyping that lends a characteristic nature; ideas return over and over again unaltered; the tendency to constant change in the conscious, to continual reshaping of psychic material is erased - the tendency that forms a basis of normal thought activity and manifests itself in the narrowed conscious of the degenerated by constant inner change in individual groups of ideas.

We must return here to the physiological hypothesis. We have assumed that through secondary function an irradiation has an effect on nearby conscious elements and, from these conscious elements, is transmitted further. This last phenomenon - the further transmission - may not take place in a lowered triggering of the primary function. Then the stimulus flows back to it as soon as the element in the secondary function has regenerated itself. In this way, a process comes about that offers a psycho-physiological illustration of Wernicke's apt expression, "blocked through splitting" [*Rückstauung durch Sejunktion*]. Here, too, we see once again in a qualitative change in primary and secondary function processes we may draw on in support of Wernicke's grand hypothesis of *Sejunktion*.

The psychological expression of the presumed process has to become a constant circularity, an intrapsychic stereotype, an automatic return to always the same ideas and feelings. Melancholy owes to this its peculiarly monotonous character.

Still more clearly than in melancholy, the phenomenon described above is seen in genuine motility psychoses. Without venturing an attempt at a schematization of these complex illnesses, I want here only to point to a few particular aspects that appear to me at the moment to make a hypothetical view more amenable.

The most important aspect in the symptomatology of the motility psychoses is that of so-called catatonic phenomena: retaining positions, once they have been adopted or one has been placed in them, and stereotypic movements. For the latter, we can assume something similar to intrapsychic melancholic stereotypes. Functional stimulation radiates – in our assumption, above all, a nutritive stimulus in secondary function – from the motor projection area to associatively connected areas, possibly to sensory fields. From there, the impulse, as a kind of sensation of motion, transmits back into the conscious – a process similar to Sachs' "relational sensations" in higher spheres of the psycho-physiological system. Transmission from the sensory fields may be impeded, for example, in a similar sense as we said earlier: by raising the stimulus threshold of the cortical primary function. That would be a process similar to the one we have put forward for melan-

choly, presupposing a certain selective distribution of affection and higher centers of association being affected. Thus, the "sense of motion" does not attach to intrapsychic activity; cortical lowering of primary functional excitability plays a factor in the form of a split [*Sejunktion*], and the stimulus flows back where it came from: to the motor projection field that has regenerated through secondary function, once movement is initiated. Motion begins anew and, without actually being imparted to the conscious, stereotypic movements run in an automatic cycle.

We may be able to make use of a similar idea in regard to maintaining positions, too, in that at higher levels of neural activity we have to adapt to some extent the physiological law that maintaining a position rests on the sum of numerous small muscle contractions. Here we must assume that through "cortical weakness," i. e., through under-excitability of the cortical primary function, the isolation of the motor-sensory area causes a similar flow between the sensation of movement and the impulse of movement. Maintaining a position would then to some extent be the sum of infinitely discrete stereotypic movements, regulated by the sensation of movement or rather the sensation of a position that was triggered but could not be processed further intra-psychically.

In the motor sphere obviously other conditions prevail than is the case in the intra-psychic sphere; thus it is understandable that an adaptation of the theory of secondary function - which really applies only intra-psychically - can only be completely incidental here. I would like to note also that in the "catatonic" phenomena it is less a matter of an appearance of new pathological functions than a freeing of preformed mechanics. Meynert expressed this idea – unfortunately only as a suggestion – in his discussion of the example of frogs with their brains removed for the explanation of *flexibilitas cerea*. With regard to stereotypic movement, I have read recently – I forget where – a very interesting parallel to normal movements: Combining mechanical work with a certain rhythm, for example, singing or moving rhythmically while working, makes cortical effort easier and prevents a sense of fatigue. In fact, work is thus broken into a chain of stereotypic movements, and the inversion of the earlier law now takes effect: stereotypic movements come about through "cortical weakness," so they are less taxing on the cortical effort, and the perception of sensations of movement or fatigue is less required by the conscious than is the case with work the way it is normally performed by the muscles.

We can continuously observe in ourselves that every movement that is held for a certain period of time will be kept up by itself for while - above all, if assuming a position results more or less subconsciously. Without this automatic content of the position we would continually fall over when we sit or stand, or at least wobble or would drop any object that was not continually in our attention. And without the existence of stereotypic movement, carrying out activities mechanically would not be possible. The latter cannot

be understood as "automatic." A reaction to an external stimulus is only automatic through a complicated, once learned movement without the conscious actually being involved. External stimuli, perception of changes in position, optical and tactile perceptions are necessary for automatisms – naturally, perceptions that are not used further intrapsychically and thus remain "unconscious." It is different with the continuation of a rotation in movement without external stimulus, for example, the mechanical continuity in rowing. The stimulus giving the impetus is formed by the unconscious sense of the executed movement. This is the aspect we recognized above as a feature of stereotyping. In pathological cases, only contact between intrapsychic and sense-motor spheres needs to be disturbed in order for *flexibilitas cerea* and stereotypes to be produced; and that happens with a reduction in cortical excitability, which we recognized earlier as a factor in a split [*Sejunktion*].

For acute confusion, Raecke has explained the structure of states in several phases, of which the most important can be summarized: an initial stage of irritated mood and a peak stage of incoherence. The initial stage of irritated mood corresponds to Wernicke's "paranoid stage." In an article on "the affective capacity of rejection,"[2] I attempted a closer psychological analysis of the initial stage – which, in my opinion, may be present in isolated, protracted form and may dominate the appearance of the condition. Today, I believe I am in a position to say that the affective capacity of rejection is the result of excessive narrowing of the conscious. This coincides with the ideas in Chapter II of this work, where the discussion concerns the desire for solitude in individuals with habitual narrowing of conscious. In line with my more recent discussions, excessively increased contractive energy destroys the flexibility and adaptability of the psyche with regard to external stimuli. Perceptions are only poorly processed, and above all the possibility is eliminated for immediate absorption of an externally impacting perception by inner processes. The secondary function of the pre-existing groups of ideas and the primary function of new perceptions innervate the brain to some extent from two completely disparate positions, and if the new stimulus is strong enough not to be ignored and the pathologically increased secondary function is strong enough not to be overcome by the new excitation, then a painful state of confusion must arise in the psyche and it must be accompanied by an affect of helplessness and correspondingly confused impulses of defense. I believe I have already made it clear how this painful state increases with every increase in stimuli - in the first place through being spoken to, which is of course required to an extended degree if the individual is to focus on external stimuli - and how the rejecting behavior of the patients in question can thus be explained, as well as the emergence of ideas of per-

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[2]*Monatsschrift für Neurol. u. Psychiatrie.*

secution, out of quite natural projection of increased discomfort onto the people involved in any situation where the patient is being approached.

All in all, the initial stage of acute confusion characterized by affective capacity of rejection appears to me to be a condition of sudden high-grade narrowing of the conscious as a result of an acutely diffuse increase in secondary function. The transition of this stage into one of incoherence corresponds to the change from increased secondary function to a suspension of the secondary function. According to our physiological schemata, we can imagine this process such that in the first phase of the illness, regeneration of the nutritive substance (used up in the primary function) is slowed down; in the second, by contrast, it does not come about at all in the time available, or at least so slowly that no irradiating effect of the stimulus can proceed from it. The alteration in the secondary function would then be the opposite of what we have assumed for mania: instead of regeneration being unusually prompt, it is reduced as much as possible. In its lesser degrees, this reduction means the secondary function will lengthen, but if it is exaggerated then the secondary function and its psychological effects are suspended. The clinical expression of the two processes must be similar: the flight of ideas. It is easy to see, however, that accelerated regeneration produces lower levels of this, and, contrastingly, highest levels mean a suspension of the secondary function. As a result, a manic flight of ideas corresponds to a higher regenerative tone; incoherence, however, corresponds to the suspension of the secondary function through fatigue. But as a result of what has been said, the transition from mania to confusion appears to me in most cases more probably to rest on a reversal than on an increase in the pathological processes that are at the bottom of it.

It should be noted that in every acute alteration in secondary function we have to deal with a frequency in the change of the type of disturbance. This correlates with the clinical experience that in most psychoses with confusion, states of mania, incoherence, melancholy and irritation alternate with each other within hours. This is not strange, considering we have explained the secondary function in a physiological sense as a nutritive function, and diffuse changes in secondary function can be understood therefore as nutritional disturbances whose rapid changes are of course typical for all the acute trophic processes of the entire body.

All the same, we can understand acute confusion – apart from its etiological consideration as confused mania – by and large as a psychosis comprised of a regular, usually singular rotation of two phases, of which the first is characterized by an acutely increased secondary function and by excessively narrowed conscious, the second by an extinguished psychological effect of the secondary function and by incoherence. In contrast to the so-called psychosis of affect, there is no typical change in primary function; if one such exists, then it must express itself for the most part through a heightened and uneven excitability of the primary function.

I would also like to mention that the characteristic, helpless initial stage of acute hallucination can be understood as a similar condition of narrowed conscious.

Altogether, the "paranoid stage" with which, according to Wernicke's theory, almost all acute psychoses begin, can be explained as acute narrowing of conscious, as a – *sit venia verbo* – cramp in the secondary function.

Chapter IV

The circumscribed affections of the secondary function.
Paranoid states.

The incorporation of Wernicke's expression "paranoid states" in the chapter title is to signify that it is from him that I take my understanding of these affections and that with what I wish to add, I believe only to offer more material for further underscoring his theory.

In the term "paranoia," today everything is grouped together that holds the common characteristic of chronically systematic insanity. A part of all of that falls under the heading of a typical, homogeneous form of illness that Magnan has accurately delineated under the name "Paranoia completa." We deal with this affection below. – The remainder consists of a group of illnesses that – in order to distinguish them from actual paranoia - I suggest calling "chronic insane explanation" [*Erklärungswahn*].

In Magnan we find these forms as chronic insanity of "degenerates." This idea has much to it insofar as severe constitutional deviation in conscious functions, which an individual is insanely compelled to explain, points to severe psychic degeneration. Such abnormalities of conscious activity fall into various types. Often it is primary hallucinations, especially in the picture of so-called original paranoia, that are better described as original chronic hallucinations (first referred to as such by Wernicke, I believe). Here belong as well the chronic, acquired hallucinations, together with the phenomenon of thoughts being heard and a relatively quick transition to dementia, that I would like to suggest should be called Cramer's psychosis. Additionally, all the cases belong here that Wernicke described as chronic autallopsychosis on the basis of autochthonous ideas. I have seen a case in which the insane system consisted solely of an explanation of idiosyncratic thought mechanisms; the conscious activity was habitually crossed by various autochthonous ideas, inhibitory states and transitorily increased intrapsychic excitability, and the patient explained this to himself through telepathic influences, without producing actual ideas of persecution or megalomania. – Further, psychosis with hypochondria, Wernicke's chronic somato-psychoses, belong to chronically insane explanation, and, finally, in a very typical way, residual paranoia, which, as Wernicke has presented it, is a matter of nothing more than explanatory processing of a split, in an acute, incompletely cured psychosis.

With its homogeneous clinical progression, classic paranoia contrasts with these infinitely manifold pictures of conditions. Here as well it is insane explanation with which the illness – *sit venia verbo* – manifests itself socially. But the main cause is neither a diffuse change in basic psychic forms of activi-

ty nor some sort of inactive splitting condition, but a typical pathological process with a typical course in typical phases. In any case, we have to see the inner nature of this process, as Margulies recently convincingly showed, as a pathology of affect. I would like to say that paranoia is an affective psychosis *par excellence*, far more so than mania and melancholy, for which the real nature of the illness is to be sought in a diffuse alteration of conscious activity; and in regard to its connection to a simultaneous affective capacity, the books are not closed. For paranoia, the pathology of the illness consists most profoundly of pathological affective capacity. – We have to be clear here above all as to what we understand under affect.[1]

In all animal species, the individual's contriving a relationship to the surroundings depends on reflexive reactions to external stimuli. The more specialized the selection of the reaction to each individual stimulus, the more purposive it is.

Now one and the same stimulus may under different circumstances have completely different meanings for the individual.[2] Within phylogenetic descent we can postulate a level at which this fact comes into play in that the reaction to stimuli is to some extent achieved in two or more steps. Of a string of stimuli informing the individual about the present surroundings, no action is triggered by the first, but rather an attitude of the central nervous system toward a certain type of reflexive reaction.[3] Depending on the previously set attitude, a further stimulus now triggers different kinds of reactions. Through the reflexive attitude, the further direction of the individual acts is determined from the start. If the central nervous system has been set with a disposition for reflexes of flight by some preceding stimulus, that is, for example, through perception of a threatening situation, then further stimuli that are in themselves indefinite are answered with reactions of flight, etc. Such a disposition to a certain type of reaction to further stimuli now accompanies all the states that we refer to as affect. In a state of fear, we react to indefinite stimuli with movements of flight; in a state of anger with hostile movements of attack. Additionally, not only reactive actions are determined by every primary attitude, but secondary attitudes to specialized

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[1]Cf. my article, "On the Phylogeny of Ethics," *Archiv für Criminalanthropologie und Criminalistik*, 1902.

[2]Thus, for example, the perceptual stimulus "rustling in the brush" [*Rascheln im Gebüsch*] can mean for an animal the presence of an enemy or an object of prey and will therefore be answered with a reflex of either flight or attack – depending on preceding perceptual stimuli culled from the information.

[3]Thus, in the earlier example, stimuli that make either the presence of enemies or objects of prey known to the individual reflexively determine an attitude of the central nervous system to a certain disposition. With which kind of reflexive reactions further stimuli are answered now depends on the set disposition. The "rustling in the brush" will now be answered with a reaction to either flight or attack, relative to the disposition set earlier.

dispositions as well.[4] Thus for example, in a state of fear a stimulus sometimes may not trigger flight movements, but rather a secondary attitude to a reinforced and specialized affect of fear [*Furchtaffekt*]. We are more easily startled in a state of fear; in a happy state more likely to be pleased about something.

What we understand physiologically under a set "disposition" [*eingestellte Disposition*] cannot be imagined more clearly than that. However, we must assume from the start that these different dispositions to different types of reactions take on their different psychic expressions – just as psychic events are of course nothing other than – *sit venia verbo* – the inner color of the current state of mind. The psychic parallel process of the attitude of the brain to a certain type of reflexive reaction or secondary attitude is an affect.

I think therefore: The psychic organ is always the bearer of a disposition to respond to external stimuli with reflexive reactions. A type of reaction to a stimulus that is always, in itself, the same may not be the same in all situations, for reasons having to do with purposiveness: one and the same stimulus does not have the same significance for the individual in all situations. Consequently, a disposition to reflexive reactions cannot always be the same; it must change relative to situations. This change in disposition has to occur automatically, automatically determined by the current situation. A picture of the situation now occurs in the individual through the stimuli from the surroundings and informs the individual about the situation. Relative to the information being given at the moment, the type of the reaction to further stimuli changes. The disposition to reflexive reactions must change qualitatively, relative to the information. External stimuli that serve as information automatically work to change and regulate the already present disposition to reflexive reactions. These changes in the disposition of the brain to different types of reactions to further stimuli must be subjectively perceived, however; they must have psychic parallel processes. Those are affects.

What we call an emotional [*Gefühlsbetonung*] perception I understand in a similar way – and an emphasis on feeling in ideas as well, naturally. Virtually every perception produces two kinds of effects in the central nervous system. On the one hand, it triggers a play of associations among latent memories: it becomes conscious. On the other hand, it connects to a reflexive motor impulse, which does not necessarily lead to an action, but which may, presumably often, lead to an attitude or to some kind of reflex reaction. Emotional perception comes from this effect of a momentary disposition on reflex reactions, separated from the play of association but adhering to perception. –

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[4]The term, "secondary," naturally has nothing to do here with "secondary function," but only expresses the contrast between primary and secondary, that is, chronologically first and second steps in the process of setting attitudes with affect.

It is obvious that from an intense feeling of the perception a strong reverse effect must occur in its further intrapsychic application. To begin with, through the connection Meynert makes between affect and external causes. Let us suppose that through some pathological process an individual is placed in an affect of anxious anticipation. From what was said above, this means: a pathologically formed attitude brings a disposition to react to all stimuli with reflex reactions and secondary attitudes that belong to the affect of anxious anticipation. Any resulting reflexive movements will characteristically alter the facial expressions and gestures, but what counts for the psyche are the similarly inevitable misplaced secondary attitudes. These determine the pathologically intense feeling of the perception so brilliantly described by Wernicke. Altered emphasis of feeling forces the cause to be projected to the outside: Subjectively, the emphasis of feeling in the perception appears to have changed because the relationship of the individual to the surroundings has changed. - Despite intact logic and the continued existence of affect, ideas of relation must necessarily develop, along with chronic insanity.

The pathology of paranoia reveals itself - from a different direction, to some extent - in the formation of the insane idea: the state appears to be governed by the symptom of overvalued ideas. In Chapter II, I attempted to explain the nature of the overvalued idea as the result of a high degree of narrowing of consciousness; in Chapter I, I pointed out that affectively charged psychic processes appear to go hand in hand with a particularly long and intensive secondary function. On the other hand, the nature of affective attitudes may in part lie in nutritive changes through which, relative to the type of affect, a state is confined to an area that is reinforced by way of secondary function. Psychologically stated this would mean: affective attitude consists in a heightened contractive effect confined to a group of ideas. In this sense, a true psychosis of affect would thus consist to begin with in the limiting of an increase of the secondary function to an associatively cohesive area homogeneous in its content. Additionally, we may assume that, through further such increases in the secondary function over the course of the illness, the narrowing of the conscious is to be explained as central in fixing on certain ideas, thus explaining the existence of overvalued ideas. – To what extent the constitutionally diffuse increase in the secondary function, i. e., habitual conscious narrowing, prepares the ground for the development of the illness was explained above in Chapter II.

In stark contrast to the initially mentioned chronic insane explanation, only classic paranoia appears as a well-delineated psychosis of affect and, to be sure, as a psychosis of circular nature with a single cycle consisting of two phases, that of the affect of anxious anticipation and that of the affect of eager anticipation. Accordingly, the clinical picture of a phase of persecution complex and a phase of megalomania. The reversal of the insane content is not found in psychological explanations but in the assumption of a circular

nature of fundamental pathological processes, for which latter pathological affect is simply the psychic parallel process. The decisive element of the primary process, as well as its further results, are circumscript changes in the secondary function in the sense of a systematic pathology.

Chapter V

Individual differences.
The nature of epochs.

In Chapter II, the two basic types of psychic degeneration were analyzed. We have seen that these may be traced back to the flattened-broadened conscious and the narrowed-deepened one and these, in turn, to an habitual lessening or increase in the secondary function.

Clearly, these two constitutive anomalies must form a continuous range from one extreme to the other, across a mid-point. Thus we see a wide range of psychic constitutions that we have to refer to both as normal and as something that no longer figures as a degenerative anomaly within the differences in the secondary function or the width of the conscious, but rather as physiologically individual differences.

Within these ranges, therefore, we speak of flattened-broadened and narrowed-deepened conscious not as phenomena of degeneration, but simply as differences between minds or characters. We have to expect to find the elements analyzed here again with regard to degeneration to begin with, but in quantitatively reduced scope. Psychiatric observation merely gives us magnified pictures from Individual Psychology. Psychiatry is, after all, not only pathology but also a microscope for psychology – this is its truly great value.

We found in the psychiatric section with regard to symptomatology for the flattened-broadened conscious: a prompt grasp and spontaneous utilization of external events, presence of mind, cleverness, and courage; inadequate capacity for forming large ideational complexes, above all ethically and socially, lack of capacity for deepening, intense but fleeting affects, levelling of intensely felt ideas, affective lack of criticism.

For the narrowed-deepened conscious we have found: poor grasp and processing of external stimuli, especially if numerous and disparate, confusion, impractical nature, dissolution of the mental personality into large individual ideational complexes that are extremely cohesive, profound and well-established in themselves but associatively only poorly connected to each other, long-lasting affects, tendency toward overvaluing keenly felt ideas; affective lack of criticism.

Of the above, a single aspect common to both types and characteristic not for only the one or other psychic type but for degeneration in itself: affective lack of criticism. This aspect demonstrates not the type but the degree of change. Once from one side or the other we come into the area

of the norm, this symptom vanishes. The other phenomena remain and help us explain differences among different "normal" individuals.

Flattened conscious is the foundation of the typically practical nature. This type has control of situations through an easy grasp of external stimuli, even disparate ones, and spontaneous, purposive reaction. Large complexes of ideas are relatively under-developed; no over-valued ideas stand in the way, whether biases or ethical considerations. Presence of mind and levelling of ideas work together. Individuals act with reckless compulsion. They propagate energetically for their own person – and when of high standing, they work for great ideas which they adopt ready-made. Because they cannot form large ideational complexes and have no ability for deep, complex thought, they are unproductive, however. Emotional life is primitive. For people of lower standing, crudeness as the result of the levelling of ideas, of the strength and fleetingness of affects, the lack of ordered inhibitions, in part externally as well through the tendency to cynicism. For people of higher standing, emotional life organizes itself around ideas taken over from others. They are not able to hold onto ideas long or to expand and deepen them. With affective energy and courage they successfully engage themselves for adopted ideals. If the levelling of ideas is not pervasive, the emotional life of this type of individual may be heroic. But it is always banal.

They always lack a rich branching and broad associative connectivity of erotic ideational complexes with the remaining content of the conscious, which at times are the true sign of a noble nature. Inseparably extensive associative connections between erotically stamped ideas and aesthetic, ethical, and social content lends the latter energy and the former beauty. The more that erotic drive is isolated from the rest of the conscious content, the more the sexual, and therefore the entire remaining nature of the individual as well, tends toward an animalistic nature. – Formation of associative groupings, as mentioned above, is possible only when a number of conscious elements are under intense contractive energy. A brain with poorly developed secondary function - magnified by intense, unblocked reaction to external stimuli - cannot manage this. – Here, too, adopting popular ideas can mean a compensation. Sexuality can be set on a socially useful track. But it never rises above the banal.

Aesthetic sense will occupy us more closely later on. Here there is only an obvious deduction to be made. Individuals of the type in question may have a rather keen sense of form at their disposal, which can be explained through increased attention, perhaps also – as a result of reactions being more spontaneous – through a greater tendency to copy movements.[1] A higher aesthetic sense, by contrast, is impossible, due to a decreased ability to immerse oneself in something. Tendency toward rapid changes in the

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[1]On copying movements as a component of the sense of beauty see Karl Groos: *Der aesthetische Genuss.*

conscious, thirst for external stimuli, and above all a drive to react preclude one's being steeped in an objective enjoyment of beauty. –

The narrowed-deepened conscious is the basis for introspective individuals. As a result of contractive energy connecting only with homogeneous inner thought processes, external stimuli are little observed, that is, only from the point of view of a set idea. Individuals who are excellent observers of what is matter of fact in their particular occupations[2] are extremely clumsy at grasping and spontaneously reacting to incidental and disparate stimuli in the environment. In place of practical activity, which we have seen in the opposite type, in place of being energetically "alive," a compulsion to introspect - to undisturbed preoccupation with one's own world of ideas. Large complexes of ideas are deep and richly developed. As the distance from the mid-point grows, the connection relaxes between the individual ideational complexes. A disharmonious feature enters the psyche. – Each idea enjoys an inseparably rich associative connection with all contextually similar ones, above all with inhibiting ideas. Things are not grasped as individual phenomena, but as fragments of large ideational complexes in connection with relevant memories. This is inevitably the result of new perceptions being added to corresponding preformed complexes through a high degree of contractive energy. The manner of understanding distinguishes itself in a drive towards the abstract and thus toward relativity. A strong positivism only develops where a complex of ideas has isolated itself in a fixation (cf. Chapter II, overvalued ideas.) This may be understood in that as a result of increased contractive energy, of the reduced ability for rapid contextual change in the conscious, inner life outweighs an immediate grasp of and reaction to the surroundings, so that therefore the formation of larger complexes of ideas is more developed than the immediate ability to control external situations. - External stimuli, we have said, can only be properly grasped, processed, understood in associative connection with complicated inner processes. If stimuli cross one another or cross inner processes, they are perceived with painful displeasure. On the other hand, heightened understanding, heightened pleasure is the case. This, too, is easily explained by contractive energy: a drive towards harmony, towards unity. Thus there develop what we tend to call "sensitive people." Thinking in large complexes of ideas, in abstractions,[3] striving for unity, dislike for what is disparate,

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[2]Perceptions that are sought out from the point of view of a particular idea connect with this idea, that is, with the starting point, and their stimuli evade the contractive effect of the main idea. – The opposite is the case for incidental stimuli with which one is confronted.

[3]I think the tendency to abstractions requires a further note. The heightened contractive energy, the inability to quickly change content in the conscious force gradual transition from one group of ideas to another while holding onto at least some contextually similar ideas. In the thought process we call that "extracting what is common." The logical result is abstraction.

quickly changing, immediate, hinders all carefree, uninhibited behavior. Often, however, less concern is given to people than to concepts; poor attention to external impressions easily explains this. From this, in connection with what was said above about sensitivity, results the proportionately greater tendency towards aesthetic concerns than to social ones.

It is harder to adopt finished thought complexes, current ideals and ethical value judgments. This is explained by the long time that large groups of ideas remain in the conscious, by the tendency towards their associative reworking, by the compulsion to abstraction, to critique. In part also by the poor relationship to the surroundings, that is, to life around one, to the social milieu. - Large complexes of ideas assume an individual nature. Thus deviant ideas, abnormal natures develop in those of this type who are of a lower standing - among those of higher standing, new ideals. The emotional life is often socially disadvantaged, but always individual.

The aesthetic sense does not gravitate in a sense of form, but dwells on deepened chains of ideas. The heightened contractive energy enables "forgetting oneself" over an objective thought process, immersing oneself in things that no longer hold immediate vital interest. External stimuli, we have said, are always perceived and processed only in associative connection with inner processes. Thus rather complicated complexes of ideas also associate themselves with the appearance of external stimuli - instead of the impulse to spontaneous reaction. Perceptions involve the abstract; surroundings are understood symbolically. The aesthetic pleasure of these people rests above all in allegorical understanding.[4]

Summarizing now the intellectually higher standing individuals of both types, we have to say: civilizing geniuses stem from the broadened, cultural geniuses from the deepened conscious. The one a practical achiever, the other an abstracting dreamer. Those the realistic fighting natures, these the lonely creators of ideas. -

And according to Darwin's laws, each epoch creates the individuals it needs, the natures that can stay on top in it. People with broadened conscious stay afloat in the wild, stormy, unsettled times when conditions invariably produce fluctuation, situations that demand continually changing, rapid adaptation and prompt, definitive reactions - where one has to act fast and not with slowly maturing, great ideas, where enthusiastic people, held to-

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[4]This is the same psychic process that we have explained above: perceptions are only pleasurable and well-processed if they belong to contextually homogeneous material, to a unified complex of ideas, that is to say, if they fit into the contractive effect of a starting idea. - That is the case in aesthetic pleasure when individual aspects of perceptions all belong together contextually, when they link harmoniously to a unified complex of ideas. In this sense they are grasped from the standpoint of a specific idea, that is, allegorically. Allegorical understanding is categorically the type of aesthetic enjoyment of individuals with narrowed-deepened conscious - pleasure in "ambient values" rests on this in the broadest sense.

gether by simple, generally supported ideals, shape and produce for civilization.

Individuals with deepened conscious are the products of advanced civilization. They emerge where the developed civilization has contained the external struggle, the elbow-fight, and has paved the way for ideas to be realized - where individuality does not prove itself on the outside but on the inside, where simple ideals lose in value and the necessity is felt for Darwinian development of new common ideals out of thousands of individual worldviews.

Thus each cultural epoch characterizes itself in its deepest nature by various secondary functions of individuals from various centuries. -

I want to conclude this study by elucidating the final word in the one area where conscious activity from various epochs is immortally documented: the area of visual art.

The psychological difference between earlier and present directions in art has been masterfully summarized by the painter, F. G. Pollack: "Simplicity is what we demand, and deepening, in contrast to the past period, which exhausted its energy in complicate renditions of the surface."

No more can be added to that. Only the psychologist must draw from it his specific conclusions. "Simplicity and deepening" is what is typical for the sensual life of the individual with deepened conscious. Immersing oneself in a well-established, deepened idea, undisturbed by disparate stimuli. To create from ideas with similar contents a deepened, enriched complex of associations - that is this type's nature, that is our way of enjoying aesthetically. We demand of a work of art that it awaken in us an idea, that it is worth the investment of contractive energy of which we are capable. And in order to create a sense of pleasure, to work harmoniously, total aesthetic effect must stand in the scope of this contractive energy.

We know that the narrowed-deepened conscious activity *is specifically* our own, that *earlier times* - we have discussed the reasons above - had a broader and flatter conscious. Our art confirms this assumption. The "complicated renditions of the surface" had their effect on the sense of form, which was not fatigued, but stimulated by numerous and disparate stimuli. A wonderful example for that is architecture, especially interior design. In the style of the old masters, detail is always changing. Symmetrical work is usually only similar in outline for them; in detail it is infinitely different and variable. We can neither create nor enjoy that. Indeed, we see a new aesthetic value in the repetition of the same. Particularly the Vienna Secession, for example, is influential here. I have seen an allegory for a tonal scale: the same motif repeated twenty times in various movements. We find that satisfying, remaining with one and the same formal idea and associatively developing from it the essential, the ideal. We have discovered the aesthetics of the simple, of the repetitious line. The deepened conscious cannot bear multiple, disparate stimuli. What we are capable of, that is unifying and deepening our

complexes of ideas through the contractive energy of a few groups of ideas. We enjoy the ideal, the profound, the symbolical. Through simplicity to harmony - that is the art of advanced civilization. On the basis of developed secondary function.

ON THE DISINTEGRATION OF THE CONSCIOUS

[Originally published 1904 as:
"Ueber Bewusstseinszerfall"
in *Monatsschrift der Psychiatrie, Bd.* 15, 45-51.]

More and more Wernicke's hypothesis of splitting [*Sejunktion*] proves itself capable of producing fundamental changes in our psychiatric views. In doing so it shares the fate of all truly fertile innovations: effecting change by changing themselves. In newly emerging views they reappear, but often so altered that one is unaware of their identity. History obliges us to gratefully keep the true nature of ideas evident, throughout all their changes in ever new applications. -

A different formulation for the connection of psychopathological phenomena is given by the theory of so-called "upper and lower conscious," as inaugurated, to my knowledge, by E. v. Hartmann and others, developed by Forel, and differentiated in various directions in a whole slew of more recent works. I name here only a few characteristic representatives of these directions: Breuer and Freud and C. Jung. One refers to the views of these schools as the theory of split conscious [*Bewusstseinsspaltungen*].

The hypothesis of splitting [*Sejunktion*] and the theory of splits conscious [*Bewusstseinsspaltungen*] appear, however, when correctly understood, to approach the same problem from two different directions and must so closely brush up against one another in their further development that as a foundation for further explanations we may construct them here in a unified complex. -

The highest function of our brain is maintaining successive and synchronous coordination of all neural functions in that unified complex that our introspective-psychological terminology likes to call unified conscious. Without losing sight of how inadequate the entire introspectively based conceptual development is, we want to hold onto the expression, conscious, here for the time being, while keeping in mind that, conceptually, in the objective processes in our central nervous system it must be a matter of more than their subjective expression as conscious phenomena.[1]

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[1] In this sense alone may one, logically, speak of "unconscious" (cf. Jodl, Handbook of Psychol. 2nd printing, Vol. 5, p. 142.

To regulated psychic activity belongs a more or less strictly adhered to unity *[Einheitlichkeit]* of all synchronous processes in the organ of consciousness. Normally, this unity is achieved initially through the general principle of association, as a result of which all simultaneously or immediately successive processes in the organ of consciousness come into functional contact with each other. Through incredibly finely regulated effects of inhibition, as we must further imagine, the continuous and complete exclusion of all ideas is brought about that disturb the synergy of conscious activity, that is, contextually remote ideas. The grouping of all synchronous processes in the organ of consciousness into a unit thus rests on an incredibly fine regulation of the reciprocal effects of stimulation and inhibition of neural processes. We know nothing about the nature of this regulatory principle. But be that as it may, we have to assume that such a supreme regulatory and coordinating principle is in effect and that this supreme cerebral function achieves the grouping together of all synchronous processes to synergetic activity and that any alteration of the supreme regulatory principle must call this synergetic activity into question.

Translated into the language of psychology, this postulate means, in particular, that through an insult to the supreme cerebral function, the synchronous integrity of the conscious is damaged. We have to imagine that in such a case, several, we have to say, chains of associations, can be processed in the organ of consciousness simultaneously and without mutually influencing each other. Of these chains of associations, one must carry the continuity of consciousness[2] - the one whose members enjoy the closest associative connection among themselves and also with all the remaining latent conscious content and which thus can always be reproduced and is consequently capable of being viewed and identified at any given moment as continuous consciousness.

The remaining associative chains are, then, naturally "subconscious" or rather "unconscious." But it must be possible at any time that in these, too, we have to say: nervous energy rises to such a height that "attention" suddenly turns to one of its end members, that is, one suddenly pushes its way into the continuity of the previously dominating associative chain from an unconscious one.[3]

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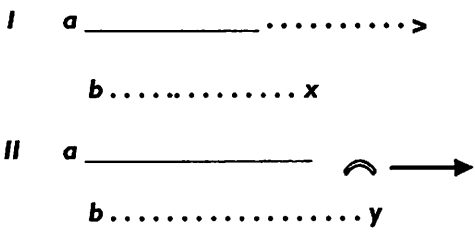
[2]I am *not* referring here to cases of confusion.

[3]Postulate is thus a primary split in conscious activity. Breuer's and Freud's analyses, which have turned up a great deal about the nature of the splits in conscious, concern other mechanisms than those in question here. If I understand Breuer correctly, the difference lies in the processes *he* discovered being a primary split in the conscious content, the results of which alternate temporally to begin with and only later co-exist. Further, with Breuer's phenomena it is a matter of the co-existence of fixed complexes, of which in the primary disintegration of conscious activity there can of course be no question.

If these conditions are met, then the accompanying subjective process can only be that a psychic phenomenon suddenly enters the conscious and is perceived as completely alien to the continuity of the conscious. It is easily understood that it seems the psychic phenomenon (idea) in question does not stem from one's own conscious but is thrown into it from the outside.

A schematic drawing may serve to illustrate this.



In the figures, line *a* represents the conscious, line *b* an unconscious chain that suddenly enters the upper conscious at *x*. If this second chain now completely represses the previously dominant one and takes its place discontinuously, then presumably a condition like that of the *second état* results. If the continuity of the main conscious continues to maintain itself, however – and that is what concerns us here – and only to some extent absorbs the interjected idea, then it manifests itself as an intervening foreign element. Naturally, the content of the continuous upper conscious must thereby change, that is, attention is turned to the suddenly injected idea.[4] The continuity of the conscious is not determined by the content, of course, but only by the continuous possibility of reproductively maintained evidence. (In the diagram: connection of the two parts of the thick line in Fig. II by the arc next to *y*.)

Correspondingly, we have to say: If we wanted to refer to the continuity of the conscious as a psychic individual, we would have to admit that the psychic phenomena suddenly emerging from the subconscious have actually come to the individual from outside. However, the subjective feeling is

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[4]The need for attention to turn compulsively to the psychic phenomenon "thrown in" from the subconscious might presumably depend directly on the "swelling of nervous energy," through which we imagine the emergence to occur. Cf. Schreber (*Denkwürdigkeiten eines Nervenkranken*, p. 216 ff.): - "The questions asked or the necessitating of the bits of questions that ground the execution of the functions of thought are spoken into my nerves as these are correspondingly set in oscillation by rays - such that they cannot withdraw from the thought-compelling excitation ...." "It simply lies in the nature of the nerves that if in this way (*scil.* through autochtonous ideas. – the author) some sort of incoherent words, some sort of half-uttered phrases are thrown into them; they involuntarily make an effort to look for whatever it is that is not lacking in a completed thought that satisfies the human mind."

aware of only the continuity of the conscious as the real self, and the assumption that the psychic phenomenon in question has been injected from the outside does indeed have a certain justification. Whatever appears insane about the pathological interpretation rests solely on the cause of the psychic phenomenon suddenly thrown into the conscious not only being projected out of the subjective self but also being placed in the external world.[5]

Depending on the circumstances, the psychic phenomena projected to the outside are either autochtonous ideas or hallucinations[6] or autochtonous impulses toward movements or actions.

I believe that for autochtonous ideas and phonemes we are forced to draw on an explanation such as has been laid out here; the complexity of nearly all these phenomena actually compels us to assume that they are the result of complex psychic work. The circumstance that the phenomena in question are projected to the outside, that is to say, not seen as products of one's own conscious, further forces us to assume that the preliminary psychic work has, as a matter of fact, been completed outside the evident continuity of conscious; and in order to produce these premises, the assumption of a weakening in that finest cerebral regulatory principle suffices - on the undisturbed activity of which the grouping of all synchronous neural processes to a unified conscious rests.

Only on this understanding may autochtonous ideas and hallucinations and autochtonous – so-called catatonic – impulses may be traced back to a unified principle.

This common principle is the weakening of the cerebral supreme function and the conscious disintegration determined by it.

I believe that here we are justified in speaking of a split *par excellence.*

A further comment of a clinical nature might also be permitted:

Splitting in the sense discussed above is typical for the types of illnesses that *Kraepelin* has grouped together under the name dementia praecox (in the broadest sense of the term). Leaving aside the entirely acute psychoses, in which any and all psychopathic symptoms occur, we find in dementia praecox actually only symptoms that can be deduced from the principle of

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[5]The "surfacing out of the unconscious" in creative mind activity must be understood differently, of course. Here it is a matter of conscious undercurrents that *never* cease to be regulated by the main conscious and which therefore remain contextually coordinated towards a goal, while for pathological disintegration of the conscious naturally the most heterogeneous things surface. That the emergence of creative thoughts is also often indicatively apperceived as something coming from outside is demonstrated by the word "inspiration."

[6]That an injected psychic phenomenon becomes a hallucination, specifically a phoneme, rests, in my opinion, on the coincidence of the disintegration of the conscious with the disintegration of ideas. I refer to my attempt to explain phonemes: "On the Disintegration of Imagination," *Monatsschrift für Neurolog. und Psychiatr.* 1902.

the disintegration of the conscious, and dementia praecox is the only illness in which splitting *par excellence* is found, in the sense discussed here, that is, in the sense of the disintegration of the conscious, together with a tendency towards dementia. The disintegration of the conscious is documented here above all by autochtonous ideas, catatonic impulses and a peculiar form of conscious activity, the pathognomic importance of which I believe was first pointed out by Bleuler and which is characterized, in the case of individuals who are not actually confused and who do not have flight of ideas, by the course of thought being continually punctuated by completely disparate ideas. One might perhaps call this form of thought process "*dissociative* incoherence." The latter disturbance is similarly best explained by the assumption of "conscious undercurrents."

I want to note a symptom here that I have encountered with far more than incidental frequency in hebephrenics. It is the reaction to a question not with the clearly proper answer, but with an association to it. For example, picture of a canon, shown with a question as to what it is: "Schlossberg!" (In Graz, several very well-known cannons on the Schlossberg are used as fire alarms.) – I can only explain this phenomenon to myself in that the picture as a stimulus synchronously triggered several associative chains connected to it, with the more unconscious idea suddenly shooting up and suppressing the more proximate upper conscious one, and having a motor effect as a catatonic impulse. This schema might be applied on the whole to the "symptom of an answer aiming past its target."

It would also be possible to use the disintegration of the conscious to explain negativism. Ideas, which are triggered by a stimulus and quickly separated from the upper conscious, typically stand in an associative connection with the context determined by the stimulus. Therefore the imagined opposite of something stands in close associative connection with the thing itself and is very predisposed to shaping the conscious activity and then being thrown into the upper consciousness as an autochtonous impulse and crossing its intentions. "The answer aiming past the target" is in this sense repeats the pattern of an opposing response to a request.

Although I would designate Dr. Schreber's[7] illness clinically as dementia praecox - despite his exceptionally intact high degree of intelligence,[8] - his

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[7]Dr. Paul Schreber, *Denkwürdigkeiten eines Nervenkranken*, Oswald Mutze, Leipzig.

[8]Sound, high intelligence makes the case atypical. But it is worth noting that only the achievements of the main consciousness have remained at their height. The products thrown in from the subconscious, the hallucinations and autochtonous ideas, have become stultified and stereotyped in their content and form. Referring to the content of what has been whispered to him, the patient himself speaks of "a beginning of disintegration." The insanity is indeed limited here to the production of phonemes and autochtonous ideas, but is in line with dementia praecox. Against the diagnosis "paranoia" speak a persistence of motility symptoms and the development of an acute motility psychosis. The most likely expression is "secondary paranoia." – Symptomati-

introspective data, which can scarcely be overestimated in their scientific importance, seem to me to argue cogently for deriving pathological phenomena ascribed to dementia praecox from the principle of the disintegration of the conscious.

The book Schreber published portrays inner psychopathological processes with rare powers of self-observation, and the fact that he holds onto insanity and an objective reality of the pathological events does not at all diminish the scientific applicability of this singularly informative material. Schreber's introspective data demonstrate both the autochtonous or hallucinatory emergence of extremely thought-demanding complex ideas and the emergence of highly varied psychomotor phenomena from the unconscious, and in reading the book it seems to me that the only possible explanation is that all these phenomena shooting up through the main conscious prepare for a jettisoned psychic activity that is able to function on its own and then is suddenly tossed into the main conscious.

I want to make another suggestion. As mentioned above, dementia praecox may well be the only illness in which disintegration of the conscious, splitting [*Sejunktion*] *par excellence,* coincides with a tendency toward chronic insanity. If one understands splitting in the sense discussed here, then Kraepelin's illness is made more precise as the coincidence of dementia and splitting, just as dementia paralytica is through the coincidence of dementia and paralysis. Certainly the unfortunate choice of the name "dementia praecox" is, then, a major obstacle to broader use of a clinical term that must otherwise be a virtual godsend.

I therefore suggest the name: *dementia sejunctiva.*[9]

In closing, I would like to thank my highly esteemed professor, Dr. Anton, for the kind interest he has shown this sketch.

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cally, the psychosis must be referred to as residually hallucinatory, albeit complicated by motility symptoms.

[9]Splitting naturally occurs in many psychotic processes. But with regard to the term "*Sejunktion*" in even its broadest sense, it must be admitted that dementia praecox distinguishes itself from other processes of dementia in that reproductive paralysis plays a lesser, the disturbances of coordination a greater role – and, in fact, the disturbances of coordination touch all areas of psychic activity, not only psychomotility. – It is no accident that Wernicke deduces his remarkable theory of splitting precisely from case studies which, considered from a different point of view, can be clinically attributed to dementia praecox.

ON THE NOMENCLATURE "*DEMENTIA SEJUNCTIVA*"

[Originally published 1904 as:
"Zur Nomenclatur 'dementia sejunctiva'" in
Neurologische Zeitblätter, 28, 1114-46.]

I have suggested introducing the term "*dementia sejunctiva*" to replace the term "*dementia praecox*" in the literature. Dr. ERWIN STRANSKY's[1] arguments against my proposal call for a clarifying counter argument.

The expression "dementia" has gradually shifted in modern psychiatric use. It has come to refer not simply to an end state, but to a process involving development. Thus as the term is used today we have to translate it now as "stupidity," now as "weak-mindedness," and, then again, as "mental decline," depending on the circumstances. KRAEPELIN fostered such use by affixing the name "dementia" to designations of illnesses combined under the expression "processes of mental decline." I follow this use and intend the word "dementia" to be understood in the name I propose as "mental decline" – in the broadest sense.

In regard to descriptions of illnesses, the name tends wherever possible to express the etiology, or, where that cannot be done, as highly representative a symptom as possible. And since there is virtually no medical symptom that can be attributed to only one illness, one has to adhere to the principle: *a potiori fit denominatio*. And I have tried to stay with this.

I am aware that "splitting" [*Sejunktion*] is a universal psychopathological cardinal symptom belonging above all to most acute psychoses, far more so than to chronic or sub-acute phases or forms of the dementia praecox group. The expression "*dementia sejunctiva,*" however, is a double name and means only that for a group of illnesses among the forms of dementia the element of splitting is particularly prominent. And, according to the principle, "*a potiori fit denominatio,*" it only presupposes that splitting holds a greater significance for the dementia praecox group than for other groups of illnesses referred to as "dementia."

That is what I believe I am right in asserting. As acquired progredient processes of mental decline, alongside those in question, we are familiar with dementia paralytica, arteriosclerosis, senility, alcoholism, epilepsy, trauma, dementia with a localized background and dementia as a general symptom of

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[1]Cf. d. *Centralbl.* 1904, No. 23.

tumors. Circumscript symptoms of decline are presumably genuine phenomena of splitting; language use distinguishes them, however, from dementia. With regard to dementia as a general symptom of tumors or frontal insanity, most people speak of a general or partial reduction in function rather than of splitting; this is true also for mental illness associated with epilepsy. For alcoholic, senile, paralytic splitting, the phenomena of splitting belong more or less to the clinical picture. A comparison of these groups of illnesses with forms of dementia praecox shows that there, reproductive paralyses outweigh, as I myself have said, but here disturbances in coordination outweigh. Thus if we may say that, among all the processes of mental decline that we refer to as "dementia," splitting finds its relatively greatest significance in dementia praecox, then whether or not my suggestion for a name receives support, I believe it is at least flawlessly presented.

I believe, however, that I may also assume that splitting in dementia praecox does not simply play a greater role than in all other processes of mental decline, but that it is the most distinct and predominant of the phenomena of dementia praecox. In other words: the symptoms of dementia praecox, in contrast to all other forms of dementia, are dominated by splitting. Within the parameters of this note, this can only be asserted, of course, not explained. In my work, "On the Disintegration of Conscious," and my soon to be published "On the Differential-Diagnostics of Negativistic Phenomena," I have touched on the problem of the significance of splitting in the dementia praecox group. I hope to take it up again in a later work.

STRANSKY's own valuable works on dementia praecox, in which he clarifies the "conspicuous disproportion between affective and intellectual life," and with whose results – it should be emphatically underscored - I heartily concur, only reinforce my view. STRANSKY says, however: "But it must be quite clear that every form of disturbance of coordination between *thymo*-psyche and *noo*-psyche, as described by me (STRANSKY) for dementia praecox, may not be identified with what we understand from WERNICKE about splitting." I say: naturally not identified with, but subsumed under.

We need to draw from WERNICKE's thought process two distinct elements. On the one hand, WERNICKE created the general term of splitting; on the other hand, he discovered a particular type of splitting, analyzed it, and presented it in its key significance. The possibility remains, of course, that yet other forms of splitting may be found that differ vastly from WERNICKE's mechanism of splitting, but must yet be subsumed under the heading of splitting that he created. In this sense, STRANSKY's idea suggests a new form of splitting not touched on by WERNICKE himself; in this sense, again, I would like to subsume the term "disintegration of the conscious" under the general term of splitting, but clearly distinguish WERNICKE's splitting mechanism.

I believe that I myself have made the connection between my ideas and WERNICKE's theory of a split [*Sejunktion*] clear enough so that there was no

need for a repetition of this point by a third party. However, what STRANSKY has presented compels me to clarify the difference between WERNICKE's ideas and my hypothesis of disintegration of conscious. In my understanding of it, disintegration of conscious concerns the simultaneous processing of functionally distinct chains of association. This assumption of a simultaneity of dissociated psycho-physiological processes is not made anywhere by WERNICKE. WERNICKE treats conscious activity as a temporal succession, never as numerous simultaneous processes next to and with each other; for me the main point is that the momentary conscious activity is to be regarded as the result of numerous synchronous psychophysiological processes - that a momentary unity of the conscious is not something given *a priori*, but the product of the synergy of synchronous processes, and through functional disturbances of an unknown nature this synergy may be suspended. Synergy, with regard to disintegration of conscious, involves conscious activity as such. In the splitting mechanism as analyzed by WERNICKE the coherence of associative groups, that is to say, the unity of conscious content is involved. WERNICKE's mechanism explains splitting as a breakdown of association due to interruption of pathways; in my explanation of disintegration of conscious, I made recourse to a general cessation of a general "cerebral supreme function." Theoretically for WERNICKE the elements of a split are localized preformed contents - not the momentarily active processes - that become dissociated when specific associations are interrupted; disintegration of conscious, on the other hand, as the momentary loss of the ability for synergy, must be understood as diffuse. We can summarize: WERNICKE's analyses are concerned with disintegration of conscious content and consequently assume that conscious activity is a momentary unity; the hypothesis of disintegration of the conscious, on the other hand, is concerned with conscious activity splitting [*Zerspaltung*] into simultaneously active separate chains, and it does not refer to either the homogeneity or the disintegration of conscious content, nor does it theoretically require conscious content as a homogeneous unity.

In concluding this comparison, I emphasize again that I see my view of the disintegration of the conscious as an extension of ideas put forward by WERNICKE. Despite differences, I believe this connection may be granted.

ON THE DIFFERENTIAL-DIAGNOSTICS OF NEGATIVISTIC PHENOMENA

[Originally published 1904 as:
"Zur Differentialdiagnostik negativistischer Phänomene" in
Psychiatrisch-Neurologische Wochenschrift, 37, 345-53 and *38,* 357-63.]

This study is meant to represent the continuation and completion of some earlier articles I have published on the topic in question;[1] for the sake of continuity, I have considered primarily my own previous work, although I know that similar and valuable things have been said by others.

We are mainly concerned here with diagnostic differentiation between truly "catatonic" or "psychomotor" negativism[2] and affective capacity of rejection. The contrast will be illustrated by case histories from two particularly remarkable cases that I have recently had the opportunity to study. For the use of the material I want to express my deepest gratitude to our esteemed director of the clinic, Prof. Anton. –

Hermine B., 20 years old, single; large landowner's daughter; admitted August 6, 04. Anamnesis. Patient said to have changed gradually in recent time; then the real psychosis set in with states of excitability, religious delusions, etc.; patient turned from her family members, struck them, bestowed affection on complete strangers. In the past few days, once she had been

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1 1. "The Affective Capacity of Rejection," *Monatsschrift für Neurol. und Psych.*

2. " Beiträge zur Pathologie des Negativismus," *Psych.-neurol. Wochenschrift,* 1903, V. p. 269.

3. "On the Disintegration of Conscious," *Monatsschrift für Neurol. und Psych.*

[2] In my " Beiträgen zur Pathologie des Negativismus " (*loc. Cit.* 2), I spoke of "psychomotor inhibition," which is differentiated from affective capacity of rejection but which can be found in conjunction with it, thus yielding a picture of total negativism. At that time I chose a broader term instead of a more restrictive one; today I believe that "negativism" should have been used in that work instead of "inhibition." – My article, "The Affective Capacity of Rejection," (*l. c.* 1) had the aims of differentiating out a state distinguished from negativism by virtue of its affective basis and of contrasting this state with genuine negativism. I point these two things out in order to confront a misunderstanding that led an author whom I regard highly to assume I want to explain negativism altogether through "affective capacity of rejection."

calmer for a while, she suddenly began to throw her things out of the window, surrounded herself with crucifixes, caught up in religious material. Sleep-deprived, refuses to eat; paces up and down, gesturing wildly.

Aug. 6, 04. Physical condition on admission: patient stands in cage bed, feet forward, hands behind her back, head bent forward, leaning with her shoulders against the wall. Feet distinctly cyanotic; pallor, with vasomotor spots on her cheeks.

For the most part, patient ignores her surroundings and the doctor observing her; fixed gaze, blushes noticeably, however, as the description of her behavior is dictated.

Her facial expression suggests that of someone deep in thought. From time to time there are curious motor complexes; pat. makes rotating movements with her posterior, hooking her fingers in the top of the cage bed, then again stands without leaning against anything but with her head turned up toward the ceiling of the cage bed; steps forward, then bends her knee, changes her frontal position, usually remaining for some minutes in each of the described positions. Her facial demeanor remains one of rapt inward attention. At the same time, she pays almost no attention at all to her surroundings, although now and again she casts an attentive and intrigued look at the examiner. From time to time, pat. smoothes her hair with a movement of her hand when it is mussed from leaning her head. These and similar movements are carried out simply and purposefully.

When she is called to and greeted, she extends her hand, following several inhibited, hesitant, almost painfully deliberate movements. She responds to the request to be seated, as well as to various simple directions. Spontaneously mutacistic; replies cursorily to questions, in bits, with long reaction times and long pauses between the individual parts of one and the same sentence.

How are you? "Thinking ... now ... about God." (Pauses of up to 10 sec.)

Why are you here? "I wanted to go to the Sisters of the Cross."

Why? "Because I like it." (after 5 sec.)

Who is the doctor? (right.)

Why come here? "I didn't know that I would come here; someone told me I would come ... (11 sec.) to the Sisters of the Cross."

Why she was standing that way in bed? "Because I couldn't stand up straight."

Why she was standing at all? "Well ... because there's nothing wrong with me." (After 12 sec., as though absent-minded.)

What do the voices say? "Don't hear any." (19 sec.)

Why do you pray so much? "When I was in Muerzzuschlag, I .... (35 sec.)

Why do you pray so much? "I could pray ... pray a little ... and now ...."

Have you had any visions? "Well, not really visions ... but people are all so strange to me ... and so different."

Her answers follow with an obvious inhibition that is overcome with starts and stops, with intervals of varying duration. Sometimes one sees failed attempts at this. But when the inhibition is once overcome, then sentences or parts of sentences are uttered fluently, almost hastily. The answers are appropriate and well-formulated. No talking past people, no negative or rejecting responses.

Is it hard for you to keep your thoughts together? "Well, it is just not always possible."

What stops you? "Well, I don't know; it suddenly seems ... my mind is empty."

Questions as to autochtonous ideas are affirmed but cannot be addressed further. Pat. adds that now she cannot think anything at all.

To the question whether she feels more emptiness or more disarray and confusion, pat. answers decidedly: "empty."

"Right now I feel more empty; another time there might be such ideas.

Mood: at the moment nothing particular.

Pat. is not able to selectively reproduce the most important elements of the description of the motor behavior that was dictated earlier.

Why the strange movements? "Well, I don't know; it was more involuntary."

On further probing, she says something forced her, says it was like a sudden idea she had to comply with, that she did not feel any reluctance.

"I feel like I have to do it; I have to comply."

Is that unpleasant for you? "No, not unless I don't do it, then it's terrible."

Voices? "Well, what do you mean? From outside or from inside? (After an explanation): "I've heard them on the outside and inside, but not anymore." "The voices inside come from the chest;" in regard to the external ones she says: "at home I have heard singing, and the others, when I ask them, say they haven't heard anything." (After some thought): "It was like out of the air; I don't know how to say, a sort of melody."

Pat. describes these auditory perceptions as unnatural in contrast to real perceptions.

The inner voices consisted of words, but pat. says she only perceived these words when she held her hands over her ears or at least turned her attention away from the outside. Says the inner voice told her how to act and what she was supposed to do.

Says the inner voices were either the voice of God or the voice of an evil enemy.

Pat. rejects the suggestion that the inner voices might depend on a pathological disturbance of the senses.

Pat. admits it is very difficult for her to remember during a conversation; says that she prefers being talked to rather than being left alone. During the

entire course of the conversation no visible rejection at all, but rather a remarkably amiable and conscientious focus on all the questions, despite her extreme inhibition.

All her answers are completely appropriate, precise, and show quite high intelligence.

Writing sample fails, due to extreme counter impulses and apparently also due to intervening hallucinations. Pat. remains standing in front of the ink with a visionary, somewhat ecstatic, tense expression, fixed gaze, rigid position, her left hand in a bizarre position, and rejects all requests that she change her position. Tic-like tremor of facial muscle. When an attempt is made to get her back into bed, she shows herself for the first time clearly negativistic: at the same time bizarre, strikingly defensive movements. Her few spoken utterances remain appropriate, however, even now.

Afternoon: Lies with her face down, avoids touch.

Somatic condition:

Thin, poor pigmentation; skin irritated; hyperaemic palm-sized blotches; hands bluish, after standing a long time her feet turn blue. Anemia. Fluxionary redness on the breast, very pronounced dermatography. Mouth-facialis and tongue symmetrical. Percussive heart periphery not extended. Intercostal pulsation pronounced, swishing; no sound, but tones not clear. Patellar reflex slightly raised, plantar reflex normally configured, lively. Slight struma, especially isthmus. Intense tachycardia. Her resistance makes further examination impossible. (pupils?) Calves of her legs bruised, several scratches on her back.

Aug. 6. Pat. affirms the question whether she had to defend herself against being examined; negates the question whether she believed that someone wanted to harm her and if she was angry with the doctor.

Every physical approach triggers negativistic shrugging, but pat. does not appear bitter or offended. Rejects food, but denies believing it is poisoned. Coherently explains that she last ate mid-day the day before and now she does not want to eat.

Is it unpleasant for you when someone spends time with you? "No." Why do you resist then? "Because I have to." Why? "I can't let myself be touched."

Aug. 7. Kneels in bed, urinates spontaneously, keeps her eyes shut, and gives no reply; rather pointlessly wriggling her torso, she tries to shake free of the doctor's hand, which is lying on her shoulder, without using her own hand; keeps her hands clasped firmly; later calls the doctor to her, asks him to give her his hand, extends her left hand to him and anxiously pulls her right one away from any touch. Then she keeps her right hand manneristically spread; with her left hand she holds onto the doctor and cries when he finally breaks away; refuses food.

Aug. 7. Extremely negativistic, kneels in bed; is continually in unnatural positions or movements, but makes an effort at the same time to be friendly and cooperative to the doctor as far as possible. Pat. is exposed all

the time today. Towards evening the negativism vanishes. At the doctor's request, pat. eats something but only with a constanly forced overcoming of negativistic counter-impulses.

Aug. 8. Much more relaxed today, remains dressed, says she had exposed herself yesterday because she had to, that she was forced to by an inner compulsion.

If this compulsion worked on her will or on her movements? "On my will, then my will on my movements."

Pat. again denies having executed her movements against her will, says rather that some unknown influence changed her will so that pat. felt herself in harmony with this compulsion. Says she did not feel an opposing will. Pat. explains the events to herself as the intervention of a higher power, but is already much more amenable to explanation of a pathological element.

Night (towards morning): Combs her hair over half an hour; finally someone notices that she is tearing her hair out in bunches. When the attendant asks her for the comb, she explains that she will only give the comb to the doctor, does this then with visible overcoming of extreme inner resistance.

Why she tore her hair out? "Because I have to."

Aug. 10. Much more relaxed, cheerful, friendly smile for the doctor. Her nutritional state and appearance have improved rapidly. There are still numerous parakinesics, but pat. clearly is striving within her powers to force these into the background. There are still individually manneristic movements, however; for example, extending her left hand, shutting one eye, etc. Incipient insight into her illness.

Aug. 11. Today again inaccessible, mutacistic, negativistic, avoids touch; breathing irregularly and sighing. Facial demeanor not without a smile.

Aug. 12. Sits naked, wrapped in a blanket, holding a piece of bandage in her hand; cries when it is taken away, says pathetically:

"Please give it back to me." What? "The bandage." (pitifully.) Puts the blanket to her mouth. Quietly disavows being angry with the doctor, otherwise fairly mutacistic. Negativism, but clearly no affective capacity for rejection. No tendency to hide her nudity.

Aug. 14. Sits in bed naked, continually spitting in her palm, calls out to the doctor:

"Oh, please give me some prune juice." What for? "To drink."

No further verbal responses can be elicited.

Aug. 16. During rounds she lies pressed into the front of the cage bed, hospital gown pulled over her head, otherwise naked, disinterested in her surroundings, not disturbed by the indecency of her position. Resistance to all interventions, scratches with her fingernails without either moving bodily or opening her eyes. Eyes shut. Facial demeanor bizarrely distorted. To the question: "Why are you scratching?" a knowing smile. Spits, completely void

of consideration. When someone incidentally makes a remark about "biting," pat. begins to snap. Thoroughly mutacistic.

Skin surface is cool from constant exposure; constantly trying to pull out her teeth, scratch her gums.

Aug. 17. Various self-inflicted injuries. Pat. scratches to the point of drawing blood, wiggles her teeth, tugs at her hair, starts tearing skin off the soles of her feet, and strips off her hospital gown and gloves.

In the night, the pat. has brought on a dermatitis by continually rubbing against the mattress.

Aug. 18. Pat. is calmer, somewhat free of motor impulses, gives information in a thoughtful, if cagey manner. Asked why she has done things: "But the doctor knows I was forced to." Denies having felt this compulsion as unpleasant.

Aug. 10. Remains calm, allows herself to be dressed, responds in an orderly, if inhibited manner, behavior at physical exam appropriate, says she has insight into her illness (?), but bursts into tears. Says that at the peak of her illness it seemed to her she was in purgatory. Says she knew, however, she was at the clinic. She also thought, however, that hell and purgatory were on earth. She thought the doctor was Jesus, but knew his right name; also took him for Maria Trost;[3] asked how she imagined this identity, she attempts as best she can to reproduce her confused thoughts; these appear to be a mystic-pantheistic attempt at explanation. Says she heard inner voices giving commands. Autochtonous compulsions were often heard simultaneously as inner voices. Says she heard birds singing from the Schlossberg; says they were "not like words, of course, but there was a sense." Her catatonic actions were not paradoxical, but rather seemed understandable. Says she had seen people were concerned, but still she thought she was acting right.

The excoriations were caused by itching, she said, but at the same time she wanted to draw blood. Said she wanted the intense pain, that it did her good, and that she enjoyed the pain because she had to do penance. (Clearly explanatory notions of a secondary nature. Pat. appears at times to have assimilated and reworked all events in the context of her ideas of sin and self-chastisement.) During the interview she has her left hand over one eye, her right hand on her heart.

She speaks hesitantly and trembling, with briefly sporadic laughter.

Aug. 12. Completely negativistic, rubs and squeezes her eyes, pulls her hair wildly into her face, pulls the cover over her head and constantly brings saliva and phlegm to her lips and intermittently rubs it on her lower arms.

Aug. 13. Transferred to Feldhof Insane Asylum.

I believe inner processes of catatonic illnesses may receive at least a certain clear plausibility if not be altogether explained. A number of fortunate

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[3]Church-pilgrimage site near Graz.

circumstances contribute to increased insight. Pat. has at her disposal an above average capacity for self-expression and a conscientiousness in presenting her inner experiences. Her ability to communicate was unimpaired, so to speak, by the progression of the illness; the patient's logic was sufficiently sound for her to be able at least a part of the time to appropriately focus on questions and comply correspondingly.

The clinical picture was a changing one, comprised of pronounced major symptoms of catatonic psychoses, exacerbations, and extensive remissions. A host of paradoxically compulsive movements manifested themselves by and large stereotypically, also peculiar, often manneristic notions and wishes, and, finally, inhibition in all motor areas. In contrast, every suggestion of talking past people was lacking as well.

Particularly noticeable was the clear tendency toward all sorts of self-inflicted injuries. In this connection, it was observed that an analogous tendency made itself felt in a transcendent, mental sense. Pat. not only rubbed her face raw, scratched her gums, and tore off skin; she also washed herself in urine, spit all over herself and her clothes, rubbed her body with phlegm and saliva; finally, she exposed herself in an intentionally unaesthetic way, breasts exposed and thighs spread, pressing the genital area against the front screen of the bed – doubtless without trace of erotic tendency. On the contrary, instinctively dealing with disgust in order, teleologically speaking, to enable erotic seduction has been converted here into its opposite.[4] We can summarize by saying that a complex of pathological impulses in the patient synergetically achieved a suppression of all normal impulses and inhibitions and their transformation into their exact opposite.[5]

I believe I am right in assuming that this influence must also have extended to the drive to communicate and the need for social awareness altogether. This consideration simplifies at once the explanation as to how negativistic chains of phenomena emerge. It has to be emphasized that the pat. had a keen need for contact and conversation; this is concluded from her friendly, smiling facial demeanor, from her way of holding onto my hand, and finally from the fact that, despite inhibitions and counter-impulses, there was never any observable rejection in conversations, and she always explicitly denied the same. Pat. regularly and definitively negated the question regarding her negativism, whether she was angry with me; the same was true for the question whether the interview was uncomfortable for her.

We repeat therefore: a homogeneously functioning component in the psychic mechanism of the pat. drove her to a number of actions that were as

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[4]William Steckel, "Der Ekel, eine biologische Studie," Wage 1904.

[5]In his extremely valuable study "Über die negative Suggestibilität," Bleuler brings the discovery of physiological preformation for negativistic perversion of drive. I trust I am not in opposition to the author when I assume that the preformed mechanism exposed by Bleuler in cases like the one in question works in the split-off auxiliary associative chains of conscious activity, not on the main conscious itself.

contrary as possible to her original wishes and instincts, blocking actions that conform to natural drives and transforming them into their opposites. Negativistic reactions are to be understood as the remarkable sub-phenomena of these processes.

As to the types of development and effects of this complex of counter-drives and paradoxical impulses, we have extensive introspective insights from the pat. through which specific existing issues are touched on, at least for this single, yet rather typical case.

For the interpretation of catatonic phenomenological complexes, two explanatory approaches are particularly important. On the one side, there is Wernicke's rather broad view, which traces pathological motor phenomena as part of the "physical conscious" to impaired motility awareness. There can be no doubt as to the importance of this hypothesis; it offers understanding in terms of apractical, asymbolic, and astereognostic disturbances that accompany infectious disease, in terms of the motor helplessness that accompanies progressive paralysis, perhaps even in specific terms of agraphic, alexic and asemic loss. For analysis of catatonic disturbances, however, there is also the contrasting view that decisive symptoms are disturbances of the complex mechanics referred to in the catchphrase, "will," which means positioning the origin of catatonic motor phenomena higher, in a truly intrapsychic region.

In this sense, the question was put to the pat. whether the influence on her expressions that she described as compulsive was perceived as working on movements directly or on her will. Her highly characteristic answer was: "on my will and then through my will on my movements, too."

It has to be emphasized that the pat., however often she was asked about the motives of her paradoxical actions, always replied in the same way that a "force" compelled her to them. She perceived the agent as something foreign to her self as a whole, on the outside, at times explaining it as "either God or the evil enemy;" in addition, however, she explained repeatedly, in a variety of ways and quite precisely and so that it always tallied, that the effects of this agent did not regulate her movements as such but rather they altered her will; she said that whenever the effect was present she found herself, in the total direction of her will, in harmony with it; "because my will was of course changed accordingly," she once said literally. She did not perceive the execution of the correlated actions as being either in contradiction to her will or painful: "if I don't do it, then it is painful." In conjunction with her impulses toward self-inflicted injury, she explained that she wanted the pain; secondary ideas of penitence periodically merged with this. And with regard to exposing her body, pat. felt – although evidently in stark contrast to her basic character as well as to her momentary completely asexual behavior – neither an opposing will nor a need for an excuse.

Thus we see a series of highly remarkable and paradoxical movements or actual acts presented as by no means undesirable, but rather as correspond-

ing expressly to her will; at the same time, however, we see changes through an agent in the will itself being felt as outside the continuity of self and interpreted as a foreign power. The fact that these paradoxical impulses are described as coming from outside, that they are foreign to both the long-term and the momentary main personality, and that they take possession of the will of the pat. to the extent that their execution can be realized without inner resistance, manifests itself as a momentary substitution of the "will" of the continuity of self by an injection from outside the other conscious chains.

I quote here from what I have said earlier:[6] "Translated into the language of psychology, this postulate means, in particular, that through an insult to the supreme cerebral function, the synchronous integrity of the conscious is damaged. We have to imagine that in such a case, several, we have to say, chains of associations, can be processed in the organ of consciousness simultaneously, without reciprocal influence. Of these chains of associations, one must carry the continuity of consciousness[7] - the one whose members enjoy the closest associative connection among themselves and also with all the remaining latent conscious content and which thus can always be reproduced and can consequently be viewed and identified at any given moment as continuous consciousness.

The remaining associative chains are, then, naturally "subconscious" or rather "unconscious." But it must be possible that at any time in these, too, we have to say: nervous energy swells and reaches a height such that "attention" suddenly turns to one of its end members, that is, that one suddenly pushes its way into the continuity of the previously dominating associative chain from an unconscious one. The remaining associative chains are, then, naturally 'subconscious,' or rather 'unconscious'. If these conditions are met, then the accompanying subjective process can only be that some *one* psychic phenomenon suddenly enters the conscious and is perceived as something entirely alien to the continuity of the conscious. Apparently almost without exception the explanatory idea follows that the psychic phenomenon (idea) in question does not stem from one's own conscious but was thrown into it from outside. ... Accompanying circumstances determine if the psychic phenomena projected to the outside here qualify as autochtonous ideas or as hallucinations or as autochtonous impulses to movements or actions.

Negativism presents itself, at least for the case in question, as a phenomenon of the split conscious [*Bewusstseinsspaltung*]. We have to think that the entire conscious activity disintegrates into various functional chains that take over from one another in their effect on the biological expression of the individual. The intermittent substitution of the "state of the will" of the

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[6] *Loc. cit.* 3.

[7] I am *not* referring here to cases of confusion.

actual continuity of the self by complexes belonging to auxiliary chains produces biological expressions that are foreign to the main personality but still appear as conforming to the momentarily altered state of will that is simultaneously perceived as desired and as injected from the outside. Negativistic impulses belong to the auxiliary chain and may therefore not be understood as directly derived from the psychic elements contained in the continuity of the self (in contrast to the expressions of the affective capacity of rejection!), may not be analyzed as an expression of the main personality. This independence of the negativistic – as of all catatonic – expressions from the psychic state of the continuity of the self must lead to a view of the corresponding positive or negative movements as independent of psychic premises altogether, as "psychomotor." I emphasize that intra-psychic preconditions or "psychomotor" phenomena are indeed present but must be sought outside the continuity of the conscious of self.

The negativistic reaction presents itself accordingly as a biological expression of psycho-physical auxiliary chains, and, indeed, as the sub-effect through which the inhibiting or the inversion of normal tendencies and impulses of the main chain are brought about.

Thus we return to the determination of the negativistic reaction as the product of a split of conscious [*Bewusstseinsspaltung*]. Now the question arises, precisely which of the possible mechanisms of the split of the conscious is to be presupposed. For that, one must compare the very different pathological processes through which different kinds of conscious splitting are determined, as well as an attempt at arranging them step by step.

In the modality of the conscious split [*Bewusstseinsspaltung*] suggested by Breuer and Freud, it is a matter of a systematic functional division of conscious complexes. The unity of a single complex within itself is relative to functional acquisition; the separation of complexes from one another corresponds to systematic blocking of connected associations and is, as such, also firmly functional acquisition; decisive is the acquired, reactive suppression of connections ("defense"). A sub-type of this systematic conscious split, analyzed by Freud, is the distinction between a complex of ideas and its corresponding affect.[8] Here as well it is a matter of blocking a connection by way of an acquired systematized psycho-mechanism, through the function of which specific connections are inhibited, the "waves of excitation" shifted into the wrong paths, and the materialization of the unity of the conscious is prevented.

The mechanisms of splitting suggested by Breuer and Freud are introduced by the authors as neurotic mechanisms, specifically hysteria. In the

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[8]Through the systematization and psychic "localization" also sharply distinguished from the process of the "dissociation between the *noo*-psyche and *thymo*-psyche" according to Stransky!

sense of these authors, we could perhaps use for these modalities the expression, "hysterical splitting mechanisms."

The pathological process postulated by me as disintegration of conscious means a significantly different form of conscious splitting, which rests on direct damage to conscious activity, independent of functional acquisition. The absence of any systematization fitting the conscious content distinguishes disintegration of the conscious, as a more coarse damage to the general neurophysiological activity, from Freud's "hysterical splitting mechanism" ["*hysterischer Spaltungsmechanismus*"].

Disintegration of the conscious in my sense is the direct end result of the simple cessation of that supreme cerebral function through which synchronous psycho-physiological excitation is collected in the synergy of the homogeneous conscious.

I would like at this point to attempt an overview of the bewildering variety of more or less similar splitting, disintegrative, and disaggregating processes. I have therefore put together a schematic diagram that encompasses, together with the actual processes of splitting, all the currently devisable forms that I believe may be subsumed, collectively, under the heading of a "split" [*Sejunktion*].

1. Disintegration of conscious content	Sejunctive mechanism according to Wernicke
2. Systematic division of conscious activity	Mode of splitting in neurosis according to Breuer and Freud
3. Disintegration of conscious activity	Disintegration of conscious according to Gross
4. Systematic division of conscious activity	Develops from 2
5. Disintegration of related feeling	Mode of dementia praecox according to Stransky
6. Systematic (and circumscript) disaggregation of related feeling	Splitting of affect according to Freud

Among the possibilities for a split that are represented in the above configuration, 3 and 4 signify the disintegration of conscious activity into disparate synchronous groups of ideas. Conscious disintegration and the modus of neurosis according to Freud, as splits of conscious, stand in opposition to the other processes of splitting [*Sejunktion*]. The fundamental difference between the other two processes of splitting is similarly underscored. All the same, a possibility is suggested for a graduated arrangement of the two modalities for splitting the conscious. – Insofar as it is not a matter of purely psychotraumatic etiology, an either inherent or acquired, either acute or chronic disposition for splitting the conscious must be fundamental. This I have formulated as: "a cessation of that cerebral supreme function on whose

undisturbed activity rests the collection of all synchronous neural processes into a unified conscious."

If we now imagine: an extensive cessation of this "unifying function" leads directly to disintegration of the conscious as its immediate simple result. It must be considered that the "split disposition" must be advanced in order to arrive at this severe effect directly and without support from other elements; thus less intensity would have to remain latent, as long as no competing factors enter in. Freud has revealed such competing factors in great abundance: a series of inner conflicts, of affects of displeasure - of "hypnotics" - work against the unifying function and create subconscious material by way of defense or repression or of alternating conscious states.

In competition with these factors steadily at work against the unity of the conscious, however, a slight – incipient – disposition, which by no means suffices to produce a direct and simple effect – disintegration of conscious -, may favor the development of a systematized split of the conscious; a free path is created for the reminiscences, affects, hypnotics that are at work splitting the conscious, and it does not come to disintegration of the conscious, it is true, but presumably to systematic division of the conscious. Accordingly, in disintegration of the conscious, it is the endogenous split disposition that is accorded the main role; in the systematized disintegration of the conscious, it is the exogenous factors. On the basis of this quantitative difference of the split [*sejunktiv*] disposition that is fundamental to both forms of splitting, it would be possible, without denying their essential differences, to place the forms in which the split of the conscious appears in a range and postulate transitional cases between different modalities of the split [*Bewusstseinsspaltung*] of the conscious.

If we now attempt to analyze more closely for our case the modalities of the split conscious, then the great unity of the effects on the main personality comes to our attention. The surrogate impulses all have the same tendency as, and are perceivably dependent on, the impulses of the main personality. This is seen in the frequently emphasized fact that all these surrogates end in inversion and a contrasting effect, compared to normal impulses. This brings to mind the effect and retroactive effect between the assumed psycho-physiological parallel chains.

Now this last consideration holds a reason for interpolating the complex of symptoms in the described case of a concept of transition between disintegration of conscious and systematic split conscious. The processes of substitution, through which the directions of will, impulses, and hallucinations are shoved into the continuity of self, correspond to the existence of psycho-physiological parallel chains, and we recognize precisely these phenomena as symptoms of disintegration of conscious; yet it is plain that these parallel chains stand, moreover, in a specific connection, both on their own and with the main chain. We have seen that, belonging to the impulses outside the conscious and, indeed, primarily to the negative ones, a certain

tendency stands in a dependently oppositional relationship to normal impulses of the continuity of self. Thus a systematic relationship of dependence and reciprocity is evident here between the main conscious and the auxiliary chains. Certain groups of connecting associations are enabled, the others blocked, depending on the circumstances; we see therefore behind the aspect of the split of the conscious a divisive mechanism with regulating and inhibiting functions.

This consideration may inform us as to the close relationships between acutely catatonic and hysterical states that are frequently observed in clinical experience. The differential-diagnostic difficulties in this direction are familiar enough; it has been pointed out by Nissl, further, that "hysterical" symptoms are represented in a great number of illnesses and usually from their start – that precisely here the hebephrenic and catatonic states form the major part and that numerous cases of dementia praecox group pass in the beginning as "hysterical" psychoses. If we now assume that at a lowered intensity one and the same disposition favors the emergence of a systematized disaggregation of conscious [*Bewusstseinszerteilung*] in the manner of hysteria, but, with greater intensity, could lead directly to chaotic disintegration of the unity of the conscious, then it is not surprising if numerous psychoses begin with symptoms that may be traced back to an "hysterical" split [*Bewusstseinsspaltung*] of conscious (in Freud's sense) and later pass into stages characterized as belonging to dementia sejunctiva, due to disintegration of conscious [*Bewusstseinszerfall*] (in my sense).

Another clinical experience may now come closer to being understood. The closer the systematized relationships between the psychophysical parallel chains and the main conscious, the more a relationship of dependence, for example, of contrast, dominates the phenomena; the less the psychophysical chain has freed itself from the continuity of self of the parallel chains, the more the phenomenon of universal alienation; the picture becomes one of diffusely general disturbance. If the element of splitting then progresses further, the continuity of self may become less dependent on parallel chains and thus perhaps more regulated, so that, externally, the impression of composure is presented. The picture of severe universal disturbance together with general negativism thus corresponds to a state in which conscious chains maintain a pervasive relationship of mutual dependence and, correspondingly, the process of splitting has not yet reached its full height. This coincides with the experience made here in the relevant cases of an improved prognosis, with global perturbation.

We know: the more evenly the pathological aspect spreads across the entire psychic event, the more homogeneously it shifts the same, the more severe and stormy the acute phenomena typically are, the better the prognosis usually is. This may be the case as long as psychic processes continue in a specifically systematic correlation and continue to represent a connection, even if a split one. If the "supreme cerebral function," through which coordi-

nation is achieved, gives way still further, if it comes to a complete disintegration of conscious, then the psychophysical parallel chains lose their connection still more; the actual effect of the pathological element recedes, enabling an apparently composed continuity of self to be maintained, but the prognosis worsens in correlation to the higher intensity of the element of a split [*Sejunktion*].

The case described here plainly does not offer an absolutely unfavorable prognosis, and, correspondingly, we see, despite the preserved orientation and a capacity for meaningful reflection, a global spread of pathological transitions across virtually all the reactions of the personality, so that, superficially observed, it might present as amentia. This coincides with its place as a transitional form in which we find the phenomena of a systematized split of conscious [*Bewusstseinsspaltung*] and disintegration of conscious [*Bewusstseinszerfall*] next to one another and mixed.

We must admit, moreover, that it is at present impossible to determine exactly what role the systematized split of conscious and what role the disintegration of conscious play in the individual phenomena of negativistic-catatonically presenting illnesses like ours, in what way the intervening modalities for splitting interrelate and which mechanisms govern the mixed symptoms of both. To deal with such questions, we would require elaborately analytical studies, and these would in turn require a more highly perfected psychological examination technique than we have at our disposal today, especially with regard to the difficulties of contact with the patients in question. What we want to hold onto at this point is that, for the conclusion being considered with regard to our differential-diagnostic study, we must presuppose for catatonic states a split [*Spaltung*] of conscious into psychological parallel chains which enjoy a tighter or looser, more or less systematized relationship among themselves, but which are at any rate outside the conscious, that is to say, outside the demonstrably evident continuous chains of the main conscious that have lost their connectivity. Where the weaving of separate psychophysical chains of excitations into unified consciousness does not fail, in the individual case, due to a simple defective state, but is blocked by a systematic mechanism, this divisive mechanism lies as much outside the conscious as does an original neurophysiological change that we are obliged to assume as an agent of disintegration of conscious. The auxiliary chains, from where the negativistic manner of reaction pushes into the main conscious, stand outside the continuously evidential character of the continuity of self that we call consciousness; the negativistic processes stand in no introspectively perceivable – purely psychologically stated: in no! – relationship to the psychic processes of the conscious personality.

This essentially distinguishes true negativism from affective capacity for rejection. The latter may of course also appear together with splitting or disintegrative processes; it is, however, always the expression of processes

taking place in the continuity of the self, in the conscious personality. Thus hallucinations, autochtonous ideas and impulses emerge as the result of disintegration of conscious and thereby – in that they render them helpless! – bring about conditions on the basis of which it comes to an affective capacity for rejection in the conscious personality. Then negativism and affective capacity for rejection combine to create a situation of so-called total or psychic negativism.[9]

Connected to the case studies published *loc. cit.* 1, the situation arises, as a pendant to "psychomotor" negativism, in which the decisive elements come to light much more clearly and simply and which is therefore particularly suited to illuminating the differential-diagnostic criteria of interest here.

[The following is the continuation and conclusion,
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Marie D., age 49, widow of a professor, admitted August 8, 04. Anamnesis: Approximately 5 years ago in the care of Dr. H., apparently for a hallucinatory state of agitation.

This passed quickly, but left a trace of pathological mistrust with a tendency to paranoid fabrication. Recently, pat. has become very forgetful, misplaces things; personal state of neglect.

Present condition came on quite suddenly, together with anxiously helpless agitation.

For several years pat. has gotten "upset about everything," ."attached exaggerated significance" to everything, "imagined all sorts of things." Told her guests absurd stories about her family, suddenly imagined her daughter might not be able to get married because of pneumonia, etc. Then again, that her children had spent all their money; for years made accusations against her children. So for years there were embarrassing scenes; her daughters avoided all contact as a result of the wild assertions that pat. made to all her acquaintances.

Pat. said to have been unusually cheerful and active up to ten years ago. Then came her husband's illness, which due to a physician's carelessness was broken to her abruptly and unsparingly, about which pat. was extremely agitated. Then lengthy patient care and her husband's death. Since then a complete and lasting character change has occurred.

Pat.'s happy nature vanished; she became depressed, expressed self-accusations and ideas of impoverishment, became irritable, mistrusting, pessimistic, resentful, thought the worst of her children, thought they had a low

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[9]Described *loc. cit.* 2.

pinion of her, neglected her, took her money, made recondite accusations which she shared with all her acquaintances.

During her marriage, her husband was pedantically frugal - wife was liberal in money matters; since the death of her husband she is frugal to the point of delusions of being poor; excessively "conscientious;" feels guilty for "not having understood" her husband.

From this altered state of mind individual psychotic states of agitation have arisen; particularly one five years ago and now the present one, which is almost identical to the first. Along with increased agitation, a crass bigotry appears each time; simultaneously an excessive increase in pessimism to the extent of extreme feelings of anxiety and unhappiness, as well as a phantastic exaggeration of imagined accusations against her family members.

Somatic state:

Aug. 8. Quite strong, quite well-nourished, somewhat ruddy complexion. Pupils half-dilated, somewhat slowly reacting, especially the left. Right corner of her mouth on innervation slightly retarded. Tongue not stretched. Patellar reflexes react; not raised. Plantar-reflexes very weak. Heart-dullness not extensive, tones pure. Pulse fast. Tongue stretches particularly far and strong. Slight hand tremor, especially left. Lungs normal. No sign of syphilis.

Anamnestic addendum shows - in a penetrating description of her intimate life - that already for many years there have been changes with regard to relationships, pathological drives and affects, as well as frequent delusions.

Her entire affective life, her relations to her family, her life style in detail, all appear to have shifted in this regard.

Compulsive collecting, going back years; has bought huge amounts of junk; among other things, dozens of photographs were found that the patient had secretly had made of herself.

Makes typical but incomprehensible affective remarks in connection with certain typical, essentially trivial situations. For example, patient claims her daughter's hair-do was wrong, she looked at her wrong, etc.; in addition, extremely angry affect. On the other hand, pathological, expansive happiness in regard to important events, etc., etc.

Physical state:

Pat. behavior is strangely agitated, full of inconsistencies, rapidly changing. She appears to be tossed back and forth by the most heterogeneous impulses.

Addresses the doctor correctly and appears otherwise oriented as well. At first appropriately focused on the physical examination, then suddenly defensive, indicates helplessness, points to her mouth and shrugs her shoulders, as if unable to speak. On attempt to test patellar reflexes, pat. resists, screamingly loudly and inarticulately; focuses again just a few seconds later on a request with full perceptual grasp and calm facial demeanor.

How are you then? "Well, I'm hungry; otherwise I'm alright ... I didn't want anything this morning; give me something to eat now." (Latter to the attendant)

Why she came here? "My children brought me; because I was so nervous they asked me to go to the nerve clinic."

Do you like it here? "Well, you spend a night here, then you'll see." (Laughing.)

Denies hearing voices. (Why she did not speak earlier): "There is a time for speaking .... You shouldn't misunderstand, God forbid, ... That in the end here .... Confusion often comes out of course not to say."

"Under an unnatural compulsion .... I will say out of sympathy, one often does not know the right words, of course."

Do you often have such compulsions? "I will tell you that privately, but it is so trivial that all the gentlemen could be present."

Asked about the motives of her various actions, pat. becomes restless, begins to talk past people, tries to mask what stands out about her behavior. Later she is indignant about the doctor's questioning, claims the cross questioning affects her incredibly strangely, the change in her surroundings is so strange, etc.

Style sample: (As a reaction to the questions about the cause of certain distinctive features of her behavior stenographically written down.)

"That I can't say, one just screams out ... If you have a tooth pulled out, you just scream .... I don't want to keep secrets, but I can't find an answer to that .... Just like when your tooth is pulled, you also can't .... A scream or not? – There was so much affecting me, one just thinks of all sorts of things. The children have to earn their bread by themselves. – A widow just has different thoughts than a married person. – If one is put in the hospital, one sees a lot of strange faces, one gets really nervous. Now I am supposed to take part in a formal investigation as to why I did that. One just absolutely doesn't know it, one lets out a scream and doesn't know why. – Doctors don't know either why they make someone scream. The most sensible person often screams and a sensible one doesn't?

That's just how it is, like when you go somewhere, you just get tired, too." – To a fellow patient: "A sweet girl ... poor creature."

At night: extremely helpless; says she doesn't know what people want from her; everything is so strange, so curious, the faces of the people in the room are so incredible, one would have to be completely crazy. – Pushes her way wildly out of bed, looks around dazed, wants to talk to a sleeping patient (aggressive?). Speaks in abrupt, often incoherent sentences in which individual phrases often reoccur, for example, "with joy" or "in a struggle." Her orientation demonstrably intact. Hallucinations frequently negated and at least not present in any appreciable extent. Urinates in bed, demonstrates: "A whole sheet!"

my account. ... like Uncle Toni. I hear our Rosa (the attendant's name) - that is his wife. (A door is slammed.) Oh God, oh God, doors slamming and so ... do what you want with me!"

Where the idea comes from that someone else is suffering for you? "I have the sensation, I have the feeling .... That something is not right between us ... What, I can't say, but there is something not right between us!"

"Professor Anton spoke so funny, too!"

Aug. 16. (Continuation.) Why do you perceive everything so strangely? "Yes, through the outside impressions" (tells an experience where she suddenly realized there must have been some misfortune.)

(Spontaneously) "Then what should I do? Should a clergyman come or should – there be something else? Should I go to confession or should I do something else?"

(About being brought in): "I had a feeling as though there was something in the room .... And as if I had to get away quickly. .... Then the gentleman came and said I would have to go along; he's Dr. Phleps, he said" etc. (various exact details) "It is always as though there was still something!"

Aug. 17. Says voices keep on talking, says her relatives are persecuted on her account.

Asked to lie still: "Yes, even if I lie still the thoughts or voices or whatever still come."

Crying, she complains she cannot see her children suffer.

"I hear everything through music or through the sensations or what should I say; fate has come over us; but I don't know what kind."

Stereotypically repeats her outburst: "Do with me what you must."

The word "stereotype" from the dictation - pat. believes she hears "Are the gentlemen dying?" Asks tearfully if her younger daughter is still alive.

Aug. 19. "Misfortune creeps around me everywhere. Doom hangs over everyone. I don't know which – I can't grasp it, I don't know what it is but it is something. – Tell me what it is. Do what you must!"

From a conversation in which the words "tickling the throat" occur, pat. illusions: "mixture" and "colleague" and "a stimulus to Gustav;" with a strong affect she relates these words to herself and spontaneously works the doctor in. In a conversation, pat. tries to avoid every view or account of one of her past expressions, ends almost every conversation with "yes, why doctor, now I won't say anything else."

Each trivial word, each insignificant act is understood in anxious reference to herself.

Afternoon: (stenography):

What do the voices say? "Yes, what should I tell you then? (often) Yes, what? Accusation or what then? How am I to know then how I should express myself?"

Of fear? "I'm not afraid! I'm out of sorts but I'm not afraid; touch me, I'm not afraid!"

What kind of feeling do you have when someone talks to you? "Yes, what kind of feeling? Yes, my lord and master, what am I supposed to say then, for God's sake! That I am afraid for my family. – That we grow apart, that one is here and the other goes there.

What do the voices say? "The whole thing is one against us all; I can't speak differently? I can't say who makes the accusation, God or who .... I can't say!"

"I hear a lot of people, now laughing, now crying ... now the one, now the other voice .... Mostly it's accusation."

"I hear voices of people I know and people I don't know, mostly I hear Aunt Lotti .... What she says, I can't hear; best I hear her laughing .... Then I hear my brother."

What does your brother say? "It's as though there was a black and a white marble ... he or I ... as I've often said."

Aug. 24. Gives no response, looks at the doctor blankly, fearfully hesitates to give him her hand: "I will go with the doctor, not with you."

"You know all my thoughts, every word, what more do you want? I say what I know."

"You heard Aunt Lotti screaming, didn't you! Everybody heard her screaming."

(If Aunt Lotti said any words?)

"I heard her yelling ... Oh, go on, ask me right!"

(After intense explanations as to what is meant by the question about the content of the voices.)

"Oh, doctor, those are such hard questions."

Later: "I also heard them talking; the whole thing is an accusation; it is a matter of black and white marbles. – I or the others, or some such!"

Specific words? "Specific words too ... just look, the doctor writes down every word I say ... he knows everything I think!" (Talks about her children again and her pathological worries about them.)

"My own self is so little ... But I won't let anything happen to my children!" (crying.)

"Now I am excited, just look!" (Shows her hands, very strong tremor.)

(It is explained that her worries about her family are without foundation.)

"Can't I speak to Dr. Phleps? ... He could explain to you!"

(Is Dr. Phleps informed about your family?)

"Not that ... but he knows that I am here." (!)

(Suggestion of different ways to find out about her family): No effect.

"How can I know then ... that's not possible!"

(Well, if you understand, then maybe you won't be afraid anymore!)

"But I'm always afraid!"

Pat. is now extremely rejecting, also towards Dr. X, once he has spoken with her for awhile.

Aug. 20, 04. Continuation. Begins to reject food!

Aug. 25. Very rejecting, reserved.

Rarely focuses her attention and only temporarily on the conversation, while distrustingly and anxiously attributing to everything a transcendent meaning and a relation to herself; appears continually distracted by inner voices and by intercurrent external impressions as well: "irritably reduced attention span!"

Because of her affective rejection, pat. cannot be motivated to concentrate on the questions put to her; continually giving excuses.

Towards evening it is possible to break through the rejection etc., mostly by not asking her to give any precise information. Despite pat.'s collapse of reserve (and there is also no negativism to speak of!), only a very little emerges in the way of useful insights, apparently due to there being almost only affect with no clear content of ideas. Pat. reiterates how she is worried about her family because she is separated from them; states this as matter of fact, but adds at the end that some misfortune must have occurred: "I just have a feeling; I can't shake it off!"

Asked if she is tired:

"Yes, tired, but I believe I have to stay awake ... I would rather stay awake!"

Goes to bed with her dress on: asked to take it off.

"No, I can't, because if someone came in the night, then I'd run away ... that doesn't work in just a shirt!"

(What should come?) Shrugs her shoulders without saying anything. -

Aug. 26. Again very rejecting; speaks only to the sister.

To her she says Dr. G asks a lot of things she does not know herself, asks differently from everybody else; says it seems to her to be a matter of the head, hers or Doctor G.'s. Accuses Dr. G. of secretly wanting to "make fun" of her. Asked about voices, pat. does not give any answer except for evasive phrases - perhaps because she does not know any concrete content of the voices to relate. It is doubtlessly less a matter of real hallucinations than of delusional interpretations of real voices or of an explication of their content in the sense of anxiously relating things to herself – this comes from pat. never knowing a content of the voices to relate, projecting the voices in directions from which the sound of voices can actually be heard, and, finally, from the many concurrent explications coming to her attention.

Oct. 13. 04. The patient's daughter reports data she has put together on the pathological experiences, offering material the patient has kept strictly secret from the doctors.

Hallucinations: Patient hears her cousin talking on the floor above; claims he was up above.

In the middle of a conversation hears a voice: "It's over now for mother; we can go."

She also hears her other relatives continually talking with each other in the next room.

Complex hallucinations and physical delusions: Through a hole in the ceiling the patient is observed by "x-ray," through a hole in the floor her thoughts are "magnetically conducted."

Says that here (B. A.) is a "station for astronomical observations."

Delusional interpretations: says Dr. Gross is not a doctor but a "great man," probably "Count Bianti" "owner of Castle Rubia," says he only wanted to make fun of patients, wanted to ask her a lot of things that he already knew, mainly, for example, about the "voices."

Supposedly everything was changed in the day room when the patient was brought in; the "wounded of Radegund" were found: Dr. Gross was responsible for all the disaster, wanted to cast his guilt onto the patients. Says everything here is "in connection with Radegund."

The patient refers to the "actress Renard as a fellow patient, Mrs. M.," relates a whole slew of novelistic confabulations alledgedly based on this patient's life history.

A number of further delusional ideas can only be inferred from individual intimations. Patient often laughs out unexpectedly in the course of a conversation; asked what she is laughing about, she explains that she is not allowed to say.

The described case illustrates with particular clarity the mechanism of rejection. We see a globally severe helplessness together with apparent difficulty at processing perceptions into situational ideas; we see an increase in all these difficulties, as well as painful feelings accompanying an increase in new stimuli; we find the most productive source for this lies in the interview, and we see how, accordingly, her defensive feelings are associated precisely with it, how all the people tasked with interviewing her are successively, categorically rejected. Proof of this is that the patient explicitly states that she wants to have no further contact with me, but with the assistant physician, who up to now has not spoken with her, and then a half hour later, after the interview has been carried out according to her wishes with the assistant doctor, rejects him as well and demands a third doctor. Over and over again we confront the assertion that one speaks to her "incomprehensibly," "ambiguously," "different from others," so that she "does not know what she should say." All these concurring explanations allow us to see rejection as the clear result of conversations, due to an increased difficulty in understanding and to the accompanying feelings of displeasure. Inasmuch as pat. has demonstrated these inner processes – merely postulated by me earlier on[10] – in such overabundance, the case appears to me to be a valuable confirmation of my earlier assumption. In contrast to negativism in the true sense, it remarkably illustrates the affective capacity for rejection as a perceptible expression of inner processes in the conscious personality.

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[10] L. c. no. 1.

I repeat: this is not by any means to claim that in the analysis of the condition one cannot fall back on a split or other coincidental phenomena of the conscious; these do not, however, have an immediate effect as expressions of rejection, but rather, if they have any effect at all, then only as a contribution to the creation of helplessness. Therefore, it is not in the analysis of rejection that we encounter their effects, but rather in the analysis of the factors that work together to create helplessness.

These factors primarily involve of course a difficulty in the processing of perceptions. They show up most clearly in delusions stemming from trivial optical (cushion imagined as "creature") as well as auditory stimuli. A number of fleeting interpretations were directly observed for words that reached her ear accidentally; thus, for example, the pat. heard "stimulus to Gustav" instead of "tickling the throat" along with a number of similar things. Further, observers were all convinced that the so-called "voices" were, to a great extent, actually words that were as stimuli mistaken. Additionally, the case history contains the note that, disregarding hypermetamorphosis, pat.'s attention is particularly poor as a result of inner distraction. The misrepresentations work to produce extreme helplessness as the "result of a disproportionate relationship between the need for orientation and the capacity for orientation" (*l. c.* no. 1).

A loss in comprehension would, in itself, allow for a fairly simple explanation, if we were to consider the entire illness as triggered by a progressive paralysis. There are, indeed, indications of this: tremor, heightened reflexivity, fluctuations in pupil dilation, suspicious fainting, diminished bladder and anal control. In this context, the reduced reactivity in regard to both social and aesthetic feelings was noteworthy. Proof was not present for supposition of paralysis; there was room left, above all, for the possibility of post-menopausal change.[11]

By no means have these two possibilities exhausted the picture presented by the illness; various symptoms might be better explained as a manifestation of more or less latent material in a paralytic or post-menopausal onset. The decisive symptoms would then appear to be an increase in the changes in character and nature that have existed, according to the patient history, for a decade. Of this group, the most interesting symptom is the self-referential idea, with acute awareness of misfortune, which cannot be explained by the above-mentioned observations of helplessness, but which has contributed, as the second most important component, to the development of helplessness. This complex of feelings stood apart from conversations or other complexes of stimuli, was always in effect and was clearly marked by various characteristic expressions: "something bad hap-

[11]The later course invalidated the suspicion of paralysis. The illness develops into a complex of chronic paranoid symptoms. The theoretical considerations resting on the suspicion of paralysis are little affected, however, by these subsequent adjustments.

pened, I only don't know what" – "I feel that something happened" – "a doom hangs over us that I can't grasp, but my feeling tells me it is so" – "just tell me what is really wrong" – and, finally, the so often repeated expression: "here I am, do with me what you must" – further a lot of self-accusations and ideas of penitence, vague in their content.

I cannot entirely discount the idea that it may be a matter here of an old phenomenon of defense in Freud's sense. The patient history gives indications of this: the husband's ominous illness, his death, and the memory of various conflicts in the marriage, which above all resulted from the difference between the husband's pedantically frugal management of money and the pat.'s liberal attitude. After her husband's death, a turnaround and a permanent change in character: pat. shows the "symptom of conscientiousness" (Freud), expresses ideas of impoverishment, is now pathologically frugal, and irrationally accuses her family of squandering money. This is reminiscent of the sequence of events in paranoia, as in Freud's analysis, and is traceable to ideogenic causes; to the case history it could be added that in her emotional state, which was altered by her care of her husband and by his death, self-accusations developed out of memories of conflicts over finances that have the same content and have led to defensive repression of the complex of affect adhering to them. As with Freud's analysis, the process of repression creates, as a factor of splitting, an overvalued idea[12] with identical affective and inverted ideational content. With that, a pathogenic material is created, the content of which we perceive prior to the present exacerbation as half-latent and afterwards, in the symptoms of the changed personality, as manifest. The content of the overvalued idea or rather the leading affect is correspondingly determined by the sense of carrying the heavy responsibility of having to sacrifice oneself for family, feeling obliged to make self-accusations, having a vague sense of misfortune and impending doom. The dissipation of the psycho-physiological sensation through the newly emerged (perhaps paralytic) onset works on available pathogenic material in a way that resembles physiological change generally seen in dream states: it leads to repressed material being manifested. Reduction in neural activi-

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[12]It is interesting to compare how, coming from absolutely different points of view, Wernicke and Freud have formed almost identical views about the phenomenon that we call, together with Wernicke, "overvalued idea." For both authors, this phenomenon appears as the result of a process that we have to call, using Wernicke's terminology, a split of the content of the conscious. Wernicke works on the assumption of a disintegration, Freud on the assumption of a systematized disaggregation of the conscious content; the results of the two independent research directions distinguish themselves in the explanation of the "overvalued idea," with valid proof on both sides of premises and conclusions. – In order to clarify the difference between the split of conscious content and the split in conscious activity, one may compare the "overvalued idea" and the "autochtonous idea" with my explanation of the latter as a phenomenon of "disintegration of the conscious."

ty means additionally, of course, a cessation of that highest cerebral function through which unity of the conscious is guaranteed; a split [*sejunktive*] disposition is created, and previously repressed material may surface alongside the continuity of self; it comes to a manifest split in the conscious – or to an "overpowering of the personality" through repression of liberated subconscious factors.

From the point of view of our differential-diagnostic inquiry, what is of interest is that the affective capacity for rejection does not emerge directly out of the splitting of the conscious directly but at best indirectly, once conscious splitting facilitates the emergence of a state of helplessness. Affective capacity for rejection, however, is, in itself, always a logical result of the psychic state of the conscious personality.

Thus we arrive at the following differential-diagnostic possibilities and suppositions of causal substrata:

1. True catatonic ("psychomotor") negativism is a complex of phenomena forming an expression of one of the chains of psychic processes which are separated from the continuity of self, which in no way are connected with psychic processes of the conscious personality, and which thus cannot be made accessible to feeling, introspective observation.

2. Affective capacity for rejection depends on a general state of helplessness and on this state increasing as the result of any kind of approach; it is an expression of the conscious personality and can be introspectively explained. By producing symptoms that intensify the state of helplessness, on the other hand, splitting processes in the conscious only indirectly influence affective capacity for rejection.

3. "Psychic" or total negativism rests on a coincidence of catatonic negativism and affective capacity for rejection.

ON THE BIOLOGY OF THE SPEECH APPARATUS

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Through *Anton*[1] we have become aware that when there is a central cause for sensory loss, its psychic symptom is deficient self-awareness of the defect - which is our basis for grasping the psycho-biological significance of infectious disease [*Herderkrankungen*].

Anton summarizes the results of the two most important cases of his related research, both involving dissection: "The two cases described here involved bi-lateral lesions in centralmost regions of the optical and auditory systems; in contrast to the lateral disturbances we mentioned, attention was completely suspended in the relevant sense area, self-awareness of the functional disturbances was completely suspended, and correspondingly thought was completely eliminated."[2]

Above all, in these words - crucially for the issue at hand - the psychic state is characterized in which we must place ourselves in order to be able to understand how a disturbance in self-evaluation comes about under psychological conditions.

Anton's remarks refer to cases in which a single, most central sensory region – twice the auditory, once the optical system – was completely shut off from the outside world. If the nature of an illness has been complicated – especially in regard to deafness - by aphasic symptoms, then it is differentiated from actual aphasias in that perception of auditory stimuli altogether appears to be suspended. The problem with such cases is an impaired self-perception relative to auditory functioning, that is to say, in all three cases an impaired self-perception in relation to basic sense processing.

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[1]Here I would like to express my gratitude to the head of the clinic, my esteemed teacher, Prof. Anton, for all his generosity and support.

[2]Anton, Gabriel, Über die Selbstwahrnehmung der Herderkrankungen des Gehirns usw. *Archiv für Psychiatrie*, Bd. 32, Heft 1.

Anton expresses the result in these words: "People affected in this way are thus – with no clinical level of idiocy – unconsciously blind, unconsciously deaf."

This complete interruption of sensory processing by an individual's entire psychological and biological mechanism demonstrates itself clinically and anatomically as an extraordinarily psychic phenomenon; *Anton* says of this (specifically with reference to the auditory disturbances): "In studying the map of the brain, it is therefore to be anticipated that not only does damage interrupt local peripheral connection, but, particularly, numerous intra-cerebral pathways are interrupted. Accordingly, the search for clinical symptoms must not limit itself to auditory problems but, to a great extent, must uncover accompanying psychic symptoms."

Anton elucidates the psychological difference between a simple illness and an illness accompanied by impaired self-perception (especially of the most central auditory organ) in the following way: "The patient acts not only like someone who is completely deaf, but like someone who has never been able to hear."

This has to be taken with a grain of salt, however. No complete agreement exists between an acquired defect and a completely inherent (peripheral) one. A difference may be that for an acquired defect, the cerebral area has been grossly interrupted in its intra-cerebral connections, whereas in an inherent defect it has lost its actual functioning. Further, it has to be considered that a normal adult brain is able to focus and, through practice, has become accustomed to using all sensory systems, so that – in contrast to an inherent defect – a sudden suspension of a really central sensory apparatus means a significant disturbance in cerebral balance.

This corresponds to the circumstance that in the inherent defect, the total biological effort of the central nervous system is only reduced, whereas in the acquired central defect with a suspension of self-perception, it is impaired. In the inherent illness, the total orientation of the individual is only diminished by a sense, but in the acquired illness in question, it is flawed generally.

In the study of a later acquired defect - which alone interests us here - we notice first of all the following: self-perception coincides with the individual's tendency to correct the defect of one sensory sphere through the work of another sensory sphere. It is, of course, first of all the fallout from this adjustment from which we tend to conclude the existence of an interruption of self-perception; vice-versa, a logico-psychological reflection suggests that precisely the perception of a defect is the main impetus for its conscious correction. Biological events correspond to this psychological interpretation: there is thus inevitably a connection between the problem of self-perception and the problem of self-correction.

From *Fritz Hartmann* we have learned that biological balance between the sum of external stimuli and the sum of individual reactions is maintained

in total orientation as a measure of intactness or disturbance of the synergy of the various central mechanisms. An interruption as a symptom is psychically significant precisely to the extent that it represents a disruption in total orientation. In this sense *Hartmann* explains disturbed self-perception of sensory loss as a "true disorder of orientation."

True orientational disorder in my opinion insofar as a component of the individual's total reaction has been entirely suspended, and, indeed, not only due to the impossibility of new effects from stimuli being transmitted to the affected sensory areas, but also through the impossibility of total orientation being modified by the memory of earlier activity of the sense organ in question. Psychologically stated: in such cases – even when imagination is not entirely lost to the relevant sense sphere – the memory of the act of perception is lacking in the relevant sensory areas. The falling away of the memory of perceptual activity in a particular sensory area impedes the afflicted individual's comparison of his former and present state, impedes his self-perception and excludes *eo ipso* the tendency to consciously substitute still intact mechanisms of orientation for the missing sensory activity.

The more unified, specific, less relative the lost capacity for orientation is for still intact perceptual activity, the more easily the "forgetting" of a particular former perceptual activity may be explained.

This is most true of basic sensory faculties.

The matter looks different, however, when basic components, grouped together in the cerebral mechanism that has fallen away, were heterogeneous. This is true of the aphasias. *Fried. Hartmann* explains the nature of centralized speech disorders as specific disorders of orientation:

> As we have heard, highest level disorders of the capacity for orientation are characterized by inability to regularly form oriented sensory and perceptual material in the individual sensory areas. The data of ideas - the development of lasting memory traces and their function, the normal development of memories – depends on there being as extensive a processing of perceptual material as possible. Through this activity along the finite path of actions - continually positioning the individual in a specific relationship to the outside world, definitively determining self in situation, movements and direction, as expressed in a momentary psychic relationship of the organism to the momentary complex of stimuli - there first originates the "relationship of the total psyche" of the organism to the outside world.
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> Disorders in this activity therefore alter the "relationship of the total psyche" of the organism to the outside world, and they find clinical expression in behavior disorders. They present clinically as motor phenomena in the psychoses – as well in relational disorders relating the mind (self-relation) to the outside (incl. the complex of stimuli of the body as a whole).

In this sense, the psychic activity of the individual is of course in the end a matter of the attitude of the individual to the outside world.

We have already noted that in cerebral activity the component of spatial perception may be completely intact in this group of disorders. We must now return to something that was said earlier.

We have heard that the various aspects of perceptual thought hold varied significance for the total functioning of the brain and we have pointed out, more specifically, that the complex of sensory attributes in speech is of particular ontogenetic significance for the flow of cerebral events. The speech (auditory and sound) system in humans developed in a constantly close relationship to the functioning of the other sensory systems and is an important factor in the total functioning of the brain with regard to shaping the relationship of self to the outside world.

If perceptual processing, sensation, perception and imagination [*der sinnliche Denkvorgang*], is primarily bound to peripheral sensory processing by facilitation of orientational processing [*unter allgemeiner Mitwirkung der Richtungsempfindungskomplexe*] (spatio-sensory thinking), then thinking in imagined sounds [*Wortklangbilder*] (and ideas of words) [*Wortvorstellungen*] emerges as the second most important higher level cerebral process.

These two main components of psychic activity normally enjoy a certain reciprocal relationship, while being rather independent. Since a peripheral disorder of a sense processor [*Sinnesendfeld*] must naturally impact the connection to speech processing [*Sprachbilder*] (transcortical speech disorders, Wernicke), it must be possible for widespread disorders to develop, despite other sensory fields remaining intact, if the normal connection of spatio-sensory thinking to the complex of linguistic thinking is disturbed.

A fallout in the latter areas allows familiar aphatic disorders to emerge and components of linguistic thinking to be lost.

A disorder may occur insofar as thinking in terms of tactile images and thinking in terms of speech images continually undergo mutual correction and insofar as the normal reciprocal connection between the thought process in terms of the senses and the thought process in terms of components of speech (and vice versa) guarantees the development of a firm association between these two thought processes - thus shaping the relationship of self to self or the awareness of one's own personality Such a disorder may either be present from the start or else begin within the established relationship. As a result, the attitude that the organism assumes toward the current complex of stimuli

coming from the outside world is an attitude that deviates from the norm.

We are thus able to postulate disorders that shift the relation of individual sensory systems, both among themselves and to speech systems – disorders which specifically change the mutual dependence of spatio-sensory and linguistic thought processes. They do not, in any narrow sense, impair the relation of the total organism to the complex of stimuli in the outside world in spatio-sensory terms, but rather the attitude of the personality towards the most complicated complexes of stimuli.

We see that this view of orientational disorders may also apply to disorders of the speech mechanism. When we shift to the area of language functions, however, we encounter a new and complicated type of orientation, inasmuch as the speech mechanism is not a unified sense apparatus but represents instead a synthesis.

Hartmann explains the formation of the central speech apparatus out of basic sense processors more or less as follows: Every basic orientational apparatus consists of a sensory and a motor component. In humans, the motor component of the auditory apparatus has become rudimentary, as has the sensory component of the speech-producing apparatus; when these two mesh closely, a synthetic mechanism develops involving the sensory component of the auditory and the (senso)motor of the speech-producing elementary orientational apparatus, and this new mechanism functions in a further sense analogous to the general functioning of the (senso-motor) systems of orientation.

This explanation, which will occupy us more later on, is important at this point as a confirmation of a certain difference between the symptoms of aphasic loss and the central defects of simple sensory processing. From the synthetic mechanism of the speech apparatus and its special function we see that for aphasic disorders it is not a matter of the loss of a simple sensory processing for orientation but rather of the loss or damage to those components with which elementary sensory systems join in synthetic acts of speech. Sensory performance is in and of itself more or less preserved. We know, however, that precisely specific sensory processing represents something incomparable, and thus it can be understood that it was possible to "forget a particular former perceptual activity." It is not possible, in aphasic disorders, to explain a corresponding "forgetting" of a former orientational activity in the same manner as in a central loss of simple specific sensory processing, because when multiple sensory systems participate in sensory processing, the aphasic patient does not have at his disposal the individual elementary orientational functions for comparison of a former and a present state; if aphasia results in a defect of self-perception, then one must imagine such a defect not as a forgetting of a former capacity for perception, but as a forgetting of a former activity of grouping (associative!).

With the determination of this principle distinction – which will occupy us more later on – we may now return to the fact that while speech acts occupy a certain special position *vis à vis* the elementary functions of orientation, they represent, like all other functions of central mechanisms, a component of total orientation, and speech acts [*Sprachleistungen*] are thus to be considered as acts of orientation, their disorders as genuine disorders of orientation. The aphasias are subject to the general criteria of disorders of orientation.

We have seen, as a general principle of the biology and psychology of orientational disorders, that disorders of self-perception coincide with disorders in the biological correction in intact systems. This consideration must also be decisive in how we view disorders of central speech mechanisms. It is a matter of demonstrating to what degree it may be a matter of a correction in a biological sense for aphatic disorders and to what degree disorders of this correction are observed.[3]

Biological correction of an aphatic disorder means a partial replacement of the capacities lost to the total individual through the disorder. Producing this replacement is first of all a task of written expression, that is, of the ability to read; these abilities, however, are directly related to spoken language and depend directly on the state of the capacity for inner speech. Familiarly, in true central (cortical) disorders of the speech apparatus, the corresponding receptive or expressive component of the capacity to read and write is at least affected. Thus where inner speech is disturbed with regard to the aphasias, which are alone of interest here, the capacity to read and write does not, *eo ipso*, come under consideration as a biological correction of the immediately present damage. For these aphasias, only the language of gesture offers a possibility for biological correction.

For the existence of disorders of precisely this correction the observations of *Mazurkiewicz* offer a remarkable body of data.

The first of the cases discussed by him is described as a typical motor-cortical aphasia. Speech is absent with the exception of one syllable. There is a full amusia, total alexia, and a considerably aggravated identification of letters. Speech comprehension is completely intact; dictation possible, but lacking comprehension; spontaneous writing gone, with the exception of his name and a few numbers; lexic reference to objects not possible. Writing dictation paragraphic to a high degree; copying possible, spontaneous drawing (on instruction) obliterated. On testing the intelligence of this patient, it was further observed that he could not make himself understood at all with regard to arithmetic tasks. It turned out then that he was not at all capable of making himself understood through signs. Spontaneous signs fail – ex-

[3] I use the expression "biological correction" in the following sense: While the physiological correction means the rehabilitation of a lost specific performance as such, biological correction in relation to total orientation consists of drawing on other mechanisms for the best possible substitute for the disorder.

pression by way of outlines or shapes by making movements in the air, the designation of activities through imitative gestures and altogether all gesticulations except for simple pointing. Comprehension of the language of gesture is intact, also the imitation of movements that are made for him.

The second case appears to be a cortico-sensory aphasia; the condition began with asymbolia that later regressed. There was right-sided hemianopia; comprehension of spoken language grossly impaired; spontaneous speech confused, paraphatic; paucity of vocabulary; sentence structure intact; wrong naming of objects; combination of the same with perseveration and paraphasia; spontaneous writing obliterated except for signature; written dictation heavily paragraphic, copying impossible, reading paralectic, listening comprehension completely suspended.

Spontaneous gesticulations almost entirely lacking; no effort whatsoever made to substitute missing words by gesticulation; comprehension of gesticulations severely impoverished; imitation of emotional expressions and movements intact.

The third and final case similarly concerns a sensory aphasia; here, too, there was initially a slight asymbolia that later regressed. Speech comprehension quite severely impaired; spontaneous speech paraphatic, without nouns, in broken sentences; logorrhea. Naming of objects exceedingly poor; perseveration.

Imitation of simple sounds and combinations of letters for the most part good; on difficult words pat. fails completely but appears to be insufficiently aware of it and frequently chooses quite different words from those he is supposed to repeat.

Reading and writing impossible, only an incomprehensible imitative drawing of letters and individual words is intact. He makes no spontaneous use whatsoever of the language of gestures as a substitute for missing words. His gestures are limited to signs of affirmation and negation, of incapacity and of expression of feeling. These forms are comprehended as well; for all other gesticulating signs, comprehension appears to be totally suspended.[4]

To the above I would like to add a few other case histories.

The first case comes from an older case history in our clinic; the others I have observed myself. The case of Marie S. – here the third case – I unfortunately did not undertake with special attention given to what is of interest to us here; it seems to me, however, through its particularly pregnant disorder of expression to be the best suited to complete the *Mazurk*. material.

1. Case Patient Anna Sch. 35 years of age, private. Brought to the clinic by her husband January 3, 1900. Mother alive, lame; patient has four children, supposedly all healthy. No serious childhood diseases; patient was always irritable, complaining, angry. Menstruation at 15. Married 1881. No head

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[4]For use of the 2nd and 3rd cases I am deeply grateful to the Director of the Graz Medical Clinic, Prof. Lorenz.

concussions. Mother had a stroke. First birth 1887, the rest 1889, 1893, 1898. No abortion, one premature birth. Says no physical exertion. Patient had a stroke September 1899, followed by right-sided paralysis, complete loss of speech. Syphilis, alcoholism negative. Following the last birth, nephritis medically confirmed.

Somatic condition: cardiac dullness: on the right up to right sternal rim, to the left spread fingerwide across the mamillary line. Slow heartbeat; liver correspondingly dull. Auscultation: r. over the earlobe sharp inspirium, back shows nothing abnormally percussory or auscultory. Spleen dull to mid-axillary line. Abdomen bloated; pulse regular; arteries dilated, 70.

Cranium symmetrical, l. above the ear a trace of tympanitic sound, r. shorter.

Eyelids swollen, edematous; eye muscles normal. L. pupil wider than r. Both react swiftly. Bilateral corneal limbus; back of eyes normal.

Facial r. paresis on involuntary innervation; difference completely compensated in imitative movements. Tongue tends to r. Palate poorly raised in phonation, r. lower than l. palate; pharyngeal reflex. Struma parenchymatous. Conjunctival reflex l. raised, r. reflex. Sensibility in facial area intact. R. upper extremity from shoulder band downwards completely paralyzed. Lifting, no backwards stretching or adduction of shoulder. No noticeable atrophies, no temperature differences. Bilateral triceps reflex response. Raised r. mechanical muscle excitation and periosteal reflex.

Muscle tone not raised in resting spontaneous situation, but contraction in elbow joint. Sensibility: Slight lowering of the r. upper extremity, especially in distal areas; hyperesthesia in l. extremity.

Head and posterior movements executed actively and passively. R. lower extremity not altered in volume, raised somewhat atactically; on swaying motion, paresis. Raising l. lower extremity, also paresis; suppressed with little effort.

Movements in knee joint r. almost impossible; l. weak, most affected are movements bending knee and toe joints. No peroneal position.

P.S.R. l. responsive. R. clonus raised. Achilles tendon reflex l. responsive, r. raised clonus. Mechanical muscle excitability. Periosteal reflexes r. slightly raised; on striking tibial surface: inside leg rotation. Plantar reflex r. response, l. clear. Toe reflexes l. palmar, r. dorsal. Sensitivity of lower limbs apparently normal. Able to walk only with great difficulty, right-sided extreme spastic-paresis; extensor functioning better than flexor. Foot drags, toes "turned upward" when foot brought forward.

Stereognostic implication: r. recognition of matches; not key. Not pencil. L. prompt.

Aphatic status: a) Language ability. Various questions reluctantly answered with "so". Others, for example: "Are you ill?" – "Yes." – "Are you married?" – "Yes, yes." – "Do you have any children?" – "Yes" (corresponding gesture). – "Are you married?" – "Yes" (nods). – "Do you have any lung

problems?" – "No." – "What is your favorite food?" – "oh so" (points with frustration at her mouth). – "How many children do you have?" (shows 4 fingers without being able to say it.) "How old are you?" (Not able to express this in gestures.)

Thus from her vocabulary only yes, no, and so remain, which the patient however often uses wrong; she is also only rarely able to use the right gestures to make herself understood. For example, she can in no way indicate how many limbs, births, etc. she has; presumably, however, she is able to correctly identify gestures made to her.

b) Language comprehension: Simple commands are promptly carried out (stick out tongue, extend hand, close eyes, reach in bag).

c) Reading. Patient supposedly able to read; however, reading aloud impossible. Appears to read something written, also claims to understand it, but in no way complies with the written command.

d) Examination of writing ability impossible as a result of the existing paralysis.

e) Optical sphere. Objects that are seen cannot be referred to, however, they are almost always identified with the word spoken to her.

Involuntary speech	lost
Repetition	"
Reading aloud	"
Dysgraphia	cannot be tested
Copying	"
Reading comprehension	lost
Word comprehension	intact

Diagnosis: Cortico-motor aphasia.

January 17, 1904: Patient behaves quite appropriately, recognizes and correctly judges her surroundings, only dimly cognizant of her illness. Mood depressed, cries easily. No sign of sensory illusions or delusions.

Musical comprehension: Patient quickly recognizes melody of national anthem. Similarly, she correctly identifies striking with keys and ticking of clock.

The few available words are uttered with decidedly more clarity when accompanied by a slight affect.

Tongue tends to r., r. half somewhat flatter than l. Facialis r. completely immobile. Forehead facialis rather asymmetrical. No change r., even when laughing.

Eye, head move normally. Stomach muscles innervated; r. auxiliary muscles at shoulder joint limp.

R. leg somewhat thin, r. arm as well.

P. S. R. vague clonus, r. > l. Reacts better l. than r.

Triceps reflex intense; also on mechanical stimulation. Stomach muscle tension.

R. lower limb raised from a lower position only with difficulty; l. leg also somewhat weaker.

Patient verbal understanding adequate, mostly appropriate responses to requests, even if only after repetition.

Patient able to repeat vowels, but not consonants. Patient says only "so" or "yes".

Patient able to read, but not always correctly (?).

Using her fingers she gives correct recognition of numbers; can carry out simple calculations with the help of her fingers; patient has difficulty making herself understood through use of gestures. –

January 19. Patient unable to count on her fingers; adding also cannot be done using fingers. Inadequate response using gestures of the head. No comprehension of simple written requests.

January 25. No difficulty on urination.

January 28. No response to simple requests (rest tongue on teeth).

February 11. Left-sided facial swelling.

February 13. Significantly exacerbated pain in r. leg and trigeminal areas.

February 21. Released.

This is a case of typical cortico-motor aphasia; involuntary speech, repetition, reading aloud and reading comprehension intact. Worth noting is that patient "poorly perceives" her illness. The case history shows that the comprehension of gestures is intact; the use of the language of gestures however is considerably impaired.

II. Case. M. P., miner, born 1864 (no anamnesis).

Somatic condition: Medium build, heavy-set.

Pupils both react, r. more than l. Corneal and conjunctive reflexes observed.

R. corner of the mouth droops, r. nasal fold spread.

Tongue tends r.

Lungs normal.

Heart periphery r. raised, l. sternal rim regular. Tones pure. Liver and spleen normal.

Stomach reflexes r. weaker than l.

R. upper limbs droop; muscles lamed.

Triceps tendon, periosteal reflexes raised considerably.

So far as can be tested, sensitivity not significantly impaired.

R. lower limbs swollen, cyanotic; damper and cooler than l.

Patellar tendon reflexes l. responsive, r. increased clonus; r. foot intense clonus.

Toe reflex plantar.

Needle pricks clearly felt.

Psychic status: Patient behaves quite calmly, responds to greeting with a slight nod. When given food, promptly makes completely appropriate use of it. Due to right-sided hemiplegia guides the spoon with his left, quite skillfully. Other, more involved movements are also carried out spontaneously and purposefully. When he is done eating, he carefully licks the spoon, thereby showing that his mouth is adequately innervated for that sort of function. Then he puts away his dishes and spoon and shows thereby that during his two-day stay in the hospital he has familiarized himself with the rules.

Spontaneous speech: restricted to the words: "He, you, yes, oh my, but." In part, these words are used according to their meanings; only the word "oh yeah" is used dubiously as an expression of a displeasurable affect. He makes a face, shakes his head, makes a clicking sound with his tongue and shrugs his shoulders helplessly.

Language comprehension: Patient responds to all requests only with reluctantly uttered bits of vocabulary: "Yes, he, you, oh my, oh my!" Accompanied by expressions of displeasure. It is repeatedly observed that patient puts his finger on his teeth. He seems to want to suggest that he cannot speak (?). By contrast, he never shows any sign that he cannot hear or understand. When spoken to once loudly in his ear, he draws his ear away from the mouth of the speaker, laughing and shaking his head, as though he wanted to suggest that he hears well. He also turns quickly when called to from behind, thus his auditory perception shows no noteworthy impairment.

Verbal comprehension completely lacking. Apparently recognizes only his given name.

Verbal repetition: impossible.

Reading: Patient appropriately takes the tablet into his hand, looks at the writing, utters the few words remaining from his vocabulary and becomes recalcitrant. Written requests are never complied with.

Reading comprehension extinguished.

Writing: The ability to write is lost in all its components. Asked to copy something, he draws a 9 or C; no impetus for spontaneous writing. Patient gestures helplessly with the chalk handed him.

Copying drawings: lost to the same extent as is copying of writing. Instead of a large triangle he again makes a number 9.

Comprehension of gestures: completely lacking.

April 18, 1904: Speech, speech comprehension, writing, reading, and drawing completely missing except for the few words referred to yesterday.

Comprehension of gestures: largely improved. Patient understands most simple gestures and fails only at the more difficult ones.

Spontaneous language of gestures: Emotive expressions, affirmation, questioning expression, pointing gesture, expressions of helplessness and uncertainty are carried out. Particularly, expressions of helplessness and

unwillingness are always highly animated when the patient wishes to speak. No evidence of other gestures - for example, expressing a wish or otherwise substituting spoken language. But spontaneous language of gestures demonstrably improved in contrast to yesterday.

Self-perception of the defect: In efforts to speak spontaneously, patient expresses himself in gestures of helplessness and unwillingness. Something similar for the defective speech comprehension could be proven neither yesterday nor today. Given the complete absence yesterday of any sort of self-perception of the defect, there was also no sign of gesticulations. Today clear signs of recalcitrance whenever a gesture is not understood.

April 19, 1904: Verbal comprehension still absent; spontaneous speech similarly unchanged. Gesticulated requests to take a glass from the night stand and drink are not understood. Efforts to speak are accompanied by movements indicating unwillingness. Pantomimed request for a light is comprehended. On turning up one's nose, he points with his hand behind him and blurts out: "He, yes, he?" He does not understand the pantomimed request for him to remove his jacket. He does not at all understand the corresponding request for him to blow his nose, accompanied by his being handed a handkerchief. When the desired movement is demonstrated, he puts the handkerchief to his nose without making any further use of it. He responds to the pantomimed request to eat a piece of bread by sticking it in his mouth like a cigar and looking questioningly at the doctor. Other requests are also similarly misunderstood, although there is no trace of asymbolia or apraxia.

During all attempts to communicate with the patient by gestures, the patient pays intense attention to the examiner and clearly perceives that a communication is intended. His wrong reactions correspond to attempts at guessing the misunderstood requests by trial and error. Then his face expresses a mixture of unwillingness and helplessness. But he is obviously only very inadequately able to imagine the sense and purpose of the examiner's attempted communication. The majority of gestures that he does not understand he helplessly copies. The gesture of pointing is also only rarely correctly understood today. Altogether, the comprehension of gesticular language has receded since yesterday.

In this case we are dealing with a total aphasia. Speech and language comprehension are so to speak totally unavailable; the same is true for use and comprehension of writing. Use and comprehension of the language of gestures are considerably impaired; noteworthy in this respect is the isolated remission of this defect on the second day of observation, which requires no further clarification. There was not so much as a hint of asymbolia or apraxia; facial expression and quick grasp of the situation also give the impression of an intact general intelligence. For this patient a suggestion of self-perception of the defect expresses itself in helplessness and unwillingness

when examined. The lack of every possibility of communication, however, makes a judgment as to the degree and intensity of this self-perception impossible from the start.

III. Case: M. K., 64 years of age, miner, admitted April 18, 1904.

Somatic condition: Rather malnourished, senile.

Pupils evenly semi-dilated, reactive. Upper facialast. r. a trace less innervated than l.

R. nasal fold somewhat spread. Corner of mouth r. droops.

Facial paresis more noticeable with movement.

Tongue tends to r., thick. Soft palate r. lower, moves less to r.

Carotid symmetrical.

R. upper limb swollen, hangs loosely, lamely; reflexes raised. Sensitivity not markedly impaired.

R. lower limb swollen, lame. Across the lungs in the back scattered rattling. Heart periphery not extended, 1. tone dull, accentuated; liver and spleen not enlarged.

Stomach edematous; traces of free liquid.

Anamnesis: Healthy until October 1903. At the end of that month patient suddenly collapsed while working in the field. Brought to his house, he was unconscious; in the days thereafter extremely confused. R. arm and leg were "like dead" and all active movement impossible. People around him noticed that the right side of his face was expressionless; his r. upper eyelid lower than the left, marked droop of the r. corner of his mouth; his eyes shifted to l. and his tongue tended to r. At the same time, speech was so impaired that the patient could only make a lolling sound and could not make himself understood. Difficulty swallowing in the first days.

Patient not able to get out of bed for 5 weeks, but his condition has improved so that he can now walk with a cane.

Physical state: Patient calm, shows no sign of general confusion or delusions. Objects handed to him are used appropriately. When eating, he appears to be clear as to how to use the different objects, spontaneously uses napkin and shows no signs of asymbolia.

Spontaneous speech: Patient's speech severely dysarthritic; what he manages to get out is to a large extent completely incomprehensible. What is uttered is completely paraphatic and appears to consist solely of bits of words and syllables without any context.

Naming of objects:

hat:	hat,
chalk	shalk
pen:	shalken, say, we, pen,
soap:	home is is out.
matches:	matche (dysarthritic)
key:	key "

sackcloth:	blowcloth "
coin:	thing is, ah saner
briefcase:	firsase, hirsal,
bottle:	serlfotle.

Naming of objects only with severe literal paraphrasing.

Language comprehension: in every way intact, insofar as relatively simple requests are concerned. The showing of objects is accompanied by paraphrase: "It is it; I say," and so on.

Reading comprehension: "Close your eyes!" Reads aloud paraphatically; between meaningless syllables one understands "eyes." Reaction = 0.

"Stick out your tongue!" Reads "shove" instead of show; the rest is completely paraphatically corrupted; no reaction.

"Stick out your tongue!" Reads "shove togua." Reaction = 0.

"Phooey!" "Phissy."

"Donkey!" "Fi, secs su se."

Repetition: works more or less literally-paraphatic.

Writing: Patient refuses (right hand lamed), appears to want to say: "I can't do it" (paraphatic).

Comprehension of gestures: Mimed requests are consistently misunderstood.

Patient mostly imitates gestures or makes similar but meaningless movements. When the same requests are spoken he understands and follows at once.

Use of gesticulations: Severely impaired. On his own, the patient only uses pointing and affirming gestures. Reference to activities by way of gestures fails completely; all the gestures he makes are wrong.

How does one use a key? With his fingers patient forms a hook, which he bends and extends.

Drink:	patient points to the glass; otherwise + 0.
Drink:	almost correct.
Brush paint:	meaningless movements.
Hit a nail:	several blows on the knee with the palm of his hand.
Shoot a pistol:	stretches out his hand accordingly.
Cudgel hook:	holds his hand vertical.
Eat:	incomprehensible movements.

Controls indicate that the requests are clearly understood.

Self-perception: When writing and perhaps once when speaking, the patient suggests he is unable; apparently he perceives the dysarthria, because when he speaks for a while he tries to shape his mouth with his hand. Asked if he is able to speak well, he says comprehensibly: "very good." Asked if he is ill, he points to his arm and leg on the hemi-plegic side. Asked further if his

vocal organ is impaired, patient indicates the hemiparesis of the facialis by marking the median line. Asked if he can say everything: "yes." The impairment of reading comprehension apparently goes unnoticed; patient repeatedly affirms the question whether he has read and understood, but when he tries to read ends up helpless. Spontaneously he speaks quite a lot, always completely paraphatic, introducing meaningless syllables and words; and of all his speech impairments he apparently notices the dysarthria best; continuously, on the other hand, probably only the facialis paresis. Additionally, a slight helplessness is noticeable very rarely when he speaks, but this passes rather quickly and does not seem to be remembered.

Here we are concerned with a motor aphasia with considerable recovery. Spontaneous speech extremely paraphatic; what functions best is finding the names of concrete objects, which is a differential-diagnostic criterion of slight motor aphasias, as pointed out by Monakow and, more recently, by Bonhoeffer. Language comprehension intact. Reading paralexic, without comprehension; writing ability extinguished. Comprehension and gestures considerably impaired, with no observation of any sort of asymbolia or apraxia or impaired intelligence.

Self-perception of somatic symptoms, of hemiplegia, as well as of facialis paresis is quite intact; perception of the complex of aphatic loss is seriously impaired at the least.

IV. Case: Patient Marie S., 29 years old, maid. According to data from a relative, the patient was previously healthy and was found in the morning (April 3, 1903) unconscious in bed at her place of work. She was brought by ambulance to the hospital and admitted to the psychiatric clinic April 9th; she had regained her consciousness, but not her speech capacity; she laughed and cried frequently and uttered lolling sounds; the person accompanying the patient could offer no further details.

State on admission (April 10): Patient well-nourished, sturdy build, face quite ruddy. Pupils dilated, react; right eye wider open than left; r. mouth facialis extreme paresis; tongue tends r.; r. arm vague paresis. P.S.R. clonus increased; increased muscle tone in legs; passive motility seriously impeded. Heart tones decreased; heart periphery not increased; pulse 60. Palate droops quite low; strong *foetor ex ore*.

Patient appears clouded, interrupts the medical examination with dream-like defensive movements and occasionally utters a long drawn out moaning sound, perhaps better called a bestial howl. Patient reacts to every sort of stimulus with facial expressions of crying or laughter. Commands such as extend hand, close eyes, hold up hand are obeyed. Quickly and correctly picks objects out of a group.

Verbal reactions missing entirely and replaced by completely inarticulate humming. Similarly, every attempt to make herself understood through mimic or gesture fails; testing for asymbolia inconclusive due to reduced spontaneity.

April 11. On command to look to the right, pupils move to l. or not at all; slight head movements. Patient obviously at pains to follow commands. She obeys the command to focus on the object being shown but is not able to follow the same to r. with her eyes, but looks to l. instead. Movements of the limbs are considerably slowed; on quicker movements of the same, the antagonists immediately tense up, particularly the shoulder muscles are rigid; the footdrop position observed yesterday is present today as well; toes still more dorsally flexed, especially the big toes on both sides. When walking, slight paresis r. leg. Half-blindedness to r. can be ruled out.

Patient takes a water glass with r. hand, puts it to her mouth, but with atactic-paretic movements (r. hand). Swallowing accompanied by smacking movements; swallows wrong! When she is walking, her head and eyes are turned l.; innervation to r. considerably impeded. No asymbolia! Opthalmoscopic findings normal.

April 13. Pupils typically move l. and move to r. only to the mid-line. The facialis paresis and the positions of the feet and toes are less defined than when last observed.

No attempts whatsoever to communicate by gestures. Compulsory miming. The mimed expressions fall somewhere between crying and laughter and are extraordinarily monotonous. Patient often starts to laugh, then switches to crying for no obvious reason.

April 14. Excited, the patient begins to cry; shortly thereafter, a stereotypic position sets in; her head turns only about 45° to l.; pupils move at the same time only in the left half of the facial field; doctor standing on r. is not noticed; pat. follows movements showing up on the l. facial side with decidedly greater attention. She turns her head to r. only after a little while; even then pupils toward l.

The tongue extends to r., but scarcely beyond the lips; swallowing extremely difficult; she focuses correctly on objects presented to r. side of face; she is also able to pick out named objects. She does not follow written commands; asked if she has understood something written, she appears to negate with head movements (?). When she grasps objects, there is a clear paresis and ataxia, to a lesser degree l. as well. P. S. R. bilaterally animated. When she lies still her otherwise dorsally flexed toes are bent. Stomach surface reflexes appear to be missing.

April 15. R. shoulder droops; gait spastic; r. eye open further than l.

April 20. Bladder incontinent. Swaying towards r.; when walking, uses left arm for support; r. foot weaker, but l. also dragging. Consistently compulsive mimicry, half laughing, half crying.

Heart dullness two finger widths beyond mamillary line to l. Peak tones scarcely audible, heart tones nearly clear. Passive movements, especially applied to l. side, meet with high passive involuntary resistance. Triceps reflexes elevated. Swallowing is easier today. P. S. R. clonus increased; no foot clonus. No protein or sugar in urine.

April 21. The sight of the doctor triggers a loud monotonous compulsive laughter that lasts some minutes, then suddenly switches over into crying. Corneas clear.

April 27. *Status idem.*, only the laughter – before it changes to compulsive laughter - is somewhat more shrill.

April 28. Gait r. always characteristically hemiplegic; expressions always compulsive. Pupils contracted; react. Positioning of head to l.

May 3. Asked to point at objects; this done promptly, even when relatively higher cortical work is necessary for the identification of the same, for example, pointing at the doctor's coat, the crucifix in the room. No spoken reactions follow. The patient looks only briefly at the objects she is shown. Compulsive laughing and crying continue to be inevitable reactions to being spoken to, asked, etc.

May 8. Facialis paresis improved; tongue cannot be extended very far.

May 15. Motor aphatic; able to produce only individual sounds that are entirely inarticulate. Language comprehension intact, so far as can be tested; repeating is impossible. Writing and written comprehension extinguished.

Recognizes optical and acoustic stimuli as well as recognizing objects relative to their use.

Mainly apractic impairment of upper extremities; slight paresis.

Frequent mimed compulsive movements. Gait paretic-atactic, major paresis r. side of head, incl. facialis and hypoglossus.

Severe paresis of tongue with respect to all voluntary and automatic movements.

Tactile reaction not seriously impaired as far as can be tested – which is only occasionally, accidentally possible.

Deep sensitivity cannot be tested; similarly, no conclusive stereognostic findings; no hemianopia; extremely poor focus on objects. Recognizing the same is usually rather atactic-paretic, sometimes quite skillful.

June 16. Patient constantly lying on r. side; she responds with considerable resistance to attempts made to move her; is indifferent to her surroundings. Upper lids retract.

June 17. In both arms distinct contraction. Any sort of question or other intrusion brings on crying; tearless. When her facial demeanor is calm, high level retraction of the the upper lid, brow furrowed. Unusually poor movement. Orbicularis innervated simultaneously with *depressor narium.*

July 10. Reacts spontaneously to virtually all stimuli, above all to commands; compulsive, protracted, monotonous howling, with mouth distortedly wide open. Demeanor entirely monotonous.

Voluntary movements are remarkably inadequate, almost apractic, so that, for example, when the patient is asked to point to an object in the room, it is difficult to tell whether she is pointing at the right one.

Only "window," "doors" (front, back) are clearly pointed out, relative to patient's position, so that in this respect adequate orientation can be assumed.

October 1. Complete dissociation of pupils.

October 22. Left alone, the patient lies quite still with her eyes open, averted from the doctor, turned to the wall. Repeated deep, spontaneous sighs; hands on her chest. Then the patient makes a pronounced intentional effort to turn away from the wall, but the movement is not fully executed; instead there is a low, dull groaning like a hum.

Extending her hand: howling sounds, with heightened intensity; otherwise no reaction.

Sudden light: dull moaning.

Moving a flame toward her face: Intense howl; shuts her eyes, turns her head slightly.

On covering her exposed body: intense howl.

Needle pricks to l. leg: Rudimentary flight movements with r. leg, l. remains motionless; at the same time howling.

Holding up an object (needle): Intense howl; turns her head.

Request to take an object held out for her: Very intense howl; no intentional effort.

Asked to show certain objects (language comprehension examination): In contrast to earlier periods, no reactions whatever from which any comprehension might be concluded.

Patient is extremely malnourished, face cyanotic; r. mouth facialis extremely paretic, palate highly lifted. Symmetrical forehead facialis. Eye muscle damage not ascertainable.

Her head is habitually turned to l. but can be moved forcibly to r. R. arm is bent so that hand lies in clavicula area. On r. upper limb no spontaneous innervation is observed. L. hand, incl. lower arm, is continually occupied in a crawling movement and with manipulations of all sorts like pulling at the blanket, shirt, etc. On the left side also there is a tendency to hold the same position as was described for the right arm as typical, from which the various movements are initiated. Movements are incredibly sterotypic and limited to continually pulling the blanket up and down. The individual components of the movements are extremely awkward, and l. arm motility totally gives the impression of a slight motor apraxia. With intense negativism, the patient counters an attempt to move her l. hand.

She clutches a silver tabatière in her hand, puts it to her mouth and chews on it. Later she puts the tabatière on the blanket. This action can be triggered repeatedly and shows the patient to be asymbolic. Her legs are tightly drawn up to her body, knees bent; any attempt at passive extension meets slight muscular resistance.

P. S. R. brisk, l. more intensive than r.

Plantar reflex brisk, r. more than l., brisk fleeing movements. Spontaneous movements of both legs clearly apractic.

In toto the patient is essentially helpless; she is incapable of covering herself when exposed or adjusting her position; and her unwillingness manifests itself in howling. Compared to the extent of the true paresis, this behavior can be accounted for by apraxia.

The spontaneous movements of l. hand uncannily reminiscent of motor expressions in states of delirium.

October 29. Lasting state *idem*. Patient reacts to manipulations to her person only with monotonous dry-eyed crying, closely akin to yawning.

Since yesterday, temperature has increased to over 39°. Decubitus.

Rapid weight loss. R. leg bent and drawn up to her lower abdomen.

Slight rattling sounds on the lungs.

November 10. Patient lies with head and gaze constantly turned l., no response when called; folds across l. forehead, r. almost conpletely. Nasolabial fold l. lower than r.; cramped facial demeanor and the monotonous howl appear only when she is called to, whereby facial hemispheres are symmetrical. At the same time, her mouth opens and shuts automatically. Her head is turned to l. in an odd way while she is howling. The r. elbow joint is acutely angled upwards; the knee joint of r. leg is also strongly flexed. Patient does not comply with demands put to her. On being actively irritated, the result is always a compulsive monotonous howling. For months, the patient has not been seen laughing; only vacillations between apathetic facial expression and profuse crying.

On mucous irritation of nasal passage, slight defensive movements. Left alone, she puts her hand or objects in her mouth and sucks like a child.

While she sobs inconsolably there is an exquisite demeanor of crying without tears.

Pupils react.

November 17. Prostrate; increasingly weak. Rise in temperature; breathing more rapid. Sense perception clouded. Swallowing is considerably harder. Decubitus is worse.

November 19 died.

The postmortem macroscopic finding revealed growths in the basal ganglia, particularly in the thalamus, and a large tumor in the l. hemisphere with extensive cortical destruction extending to l. temple, basal lobes, in association with tumors in the basal ganglia.

This case is particularly instructive with regard to the complete loss of certain symptoms. Speech ability was from the start entirely suspended - to the extent that not a single syllable remained; language comprehension was intact up to the point of the terminal clouding of the senses. Reading and writing not executed. Asymbolia first appeared *sub finem* and was not even present as a suggestion at the time of the above observations. – Facial expression was reduced to a single, completely monotonous, stereotypic act

that was initially emotionless and halfway between laughing and crying and later consisted of the mouth opening as wide as possible while letting out a long drawn out sound like an animal howling. Comprehension of gestures was unfortunately not particularly well tested. Spontaneous use of gestures was entirely absent. As to the case history of the symptoms, the compulsive facial expression can be traced to the destruction of the thalamus and is thus to be distinguished from cortical phenomena. Total motor aphasia is explained by tumors.

What interests us here is the complete loss of spontaneous gestures, and it must be particularly noted that over a long period they bore no relation whatever to motor impairment and therefore cannot be deduced from the general motor helplessness which only in the late stages reached a high level.

A simple pointing to some object was the sole sign of any sort of comprehension from the pat. Pat. never attempted to express a wish by using a sign; even the purely pointing gesture resulted only from an express request that she point at a particular object; not once did pat. make this gesture spontaneously. For example, pat. reacted to the pain from decubitus and the unpleasant sensations from soiling her bed only with increased howling sounds, the reason for which naturally remained misunderstood for a long time; she never attempted to draw attention to the cause of her discomfort by using the gesture of pointing, even though the pointing gesture was clearly available when it was requested she use it.

The biological correction for her inability to make herself understood through speech or writing was thus excluded. It is of particular importance that the correction through the language of gestures was never spontaneously achieved, whereas a correction, even if only a very slight one, i. e., pointing, could be accomplished on express request. We draw closer to the focal point of our problem when we attempt to make this singular clinical observation more palpable through psychological interpretation.

When one tries to think one's way to some extent into the decisive inner processes of the patient, the question immediately arises as to why the pat. did not try to substitute the loss of her capability to make herself understood in the usual way by using those systems that were not impaired and that remain entirely or at least to a far-reaching degree operative? Why, then, did the biological correction fail? This question leads immediately to another: What relationship has the language of gestures to the (inner) language of sound?

Mazurkiewicz says about this relationship, doubtlessly correctly: "Gestures represent no new word components; they have in and of themselves nothing to do with words." To explain the coincidence of the impairments of these two disparate forms of expression that he has observed clinically, Mazurkiewicz assumes a kind of causal dependence of the language of gestures on the inner language of sound. He says: "The primitive forms of expression (here gesticulations) thus appear for the speaking individual to be

dependent on the word apparatus – may need to be first translated into word-concepts in order to reach understanding" – that etc ....

I cannot agree with this explanation. Close self-observation suggests a far-reaching independence of the gesture from the inner language of sound. A healthy person will immediately use gestures wherever due to inadequate language knowledge he is not understood, without saying a word to himself. Even where a healthy individual has forgotten a spoken expression, for example, a new term, he will promptly have some gesture available as a replacement. In many cases, precisely the gesture helps to find the lost word. One thinks further of the original meaning of the gesticulation: Mazurkiewicz rightly points out that gestures represent an imitation of the intended physical form or form of movement; he thus correctly puts gestures together with onomatopoetic sound signs as primitive forms of expression and expressly points to the aspect of imitation. From this element of imitation, however, emerges precisely that the gesture has a much closer association to the presented object than to the conventional word sign. It is unimaginable, given this consideration, that we assume a detour via a sign for a word.

The last thing to be assumed, however, is any detour via an idea of a word for the gesture of pointing; familiarly, small children use pointing gestures long before the development of anything that can be considered a language of sounds, that is, to express a wish, for example, a desire for something.

We find ourselves obliged, therefore, to reject the possibility of a dependence of gesticulations on inner sounding of words; while for example the ability to write has to be thought of in direct causal dependence on the inner language of sounds, a similar relationship of gesticulations to inner language cannot be constructed.

Since experience teaches the possibility of the coincidence of infectious damage to the language of sound and impairment of the language of gestures as a clinical fact, we are forced to assume that these two impairments are the coordinated results of one common pathological process, and we must postulate that through impairments of a localized brain area, a psychic function may come into disuse, on the intactness of which depends the integrity of the language of sound and the language of gestures in the same way.

Translated to psychological terms, the postulate implies: There must be a psychological function that is subsumed equally under the language of sound and the language of gesture, the intactness of which may be damaged by infection in the so-called speech area.

On this function must rest – we have to say – the language of sounds and the language of gestures in conditions that may be constructed physiologically as well as psychologically. This claim results from the identity of the physiological and the psychic, which is the starting point for the understanding of biological problems.

In the same sense, we formulated earlier the theory: Impairments of self-perception coincide with impairments of biological self-correction.

Here, too, the identity of the objective and subjective is the starting point.

As a condition for self-perception and self-correction we have recognized the possibility of a comparison between the defective and the former psychic state.

The possibility of such a comparison with regard to self-perception and self-correction is also decisive for the aphasias.

We have further noted that, for the aphasias, biological correction is achieved through the language of gestures.

The necessity follows for finding, on the one hand, the psychic function on the integrity of which, psychologically, depend equally the language of sounds and the language of gestures and, on the other hand, the psychic function, on the integrity of which depends the possibility of a comparison between defective and former states in the case of a central speech impairment and, thus, the possibilities of self-perception and biological self-correction. Let us attempt a psychological clarification of the impairments of self-perception in the aphasias.

We have indicated above that between these impairments and the central defects of simple sense perceptions there exists the difference that for the one it is a matter of the possibility of "forgetting" of simple incomparable processes of perception, but for the aphasias, on the other hand, a matter of the "forgetting" of former acts of grouping. Impairment of self-perception in the sensory aphasias serves as an example. One frequently observes in severe cases that the patient makes no effort whatsoever to make contact with the examiner, that he answers questions in various paraphatic phrases without having understood the question, and that, finally, he never provokes repetitions of the question. In *Anton's* definitive cases, this can be seen as determined in part by central deafness; for most sensory aphasics, however, where direct impairment of elementary sense mechanisms is lacking, we are compelled to assume the impairment of a higher associative activity. This coincides with the following psychological consideration.

When a healthy individual is spoken to in a language that is foreign to him, then there is as little comprehension of what is said as is the case for an individual with sensory aphasia. If we assume the individual addressed understands and speaks the foreign language only rather poorly, then any apperceptive and productive achievements in question are on approximately the same level as those of most sensory aphasics. The natural efforts of a healthy individual in this case go in the direction of making it understood that he has not understood. For that, however, neither the purely auditory perception of sounds nor word comprehension can be assumed to be better for the healthy individual in the situation described than they are on average for the

sensory aphasic. We have to ask now why the healthy individual notices his (relative) speech defect and many aphasics do not notice theirs.

The aspects of comparison, through which the healthy individual becomes aware of his faulty comprehension of a foreign language on being spoken to, are given in the experience that the complex of stimuli that goes into effect when one is spoken to and that impacts all sense portals holds a very particular significance for the total orientation to the outside world – one that can be imagined by him at any given moment.

The necessity of a comparison with inner speech images – here, that is, with one's own language – is by no means requisite and is not even conceivable because the sound that he has not understood possesses no relation whatever to words that are familiar to him. The conclusion that the healthy individual draws in such a situation can only be this: I notice from the look of the person speaking to me, from his facial demeanor and his gestures and, finally, from the sound of his speaking, even if it is not comprehensible, that I am supposed to be given knowledge of another's thought process. I know from experience that I am supposed to understand something in these circumstances. But I understand nothing. Therefore I do not speak the language. This has to be the same reasoning process through which the aphasic with self-perception reaches his self-perception. Where self-perception fails in the aphasic, the premises for the described conclusion are missing.

These considerations are also touched on and stimulated in an experimental study of *Anton's:* "The test is usually set up so that the examiner speaks close to the patient's face, pointing at his ears; the pat. always complains that people outside make so much noise that one cannot hear oneself speak, but he hears quite well."

This test of self-perception of auditory perception implicitly contains a test as well of whether in being spoken to the pat. is capable of drawing a conclusion from the complex of stimuli – for the absolutely deaf pat. it is specifically a matter of optical stimuli – that it is supposed to be a matter of a communication [*Verständigung*]. As the result of the experiment shows, even the centrally deaf individual is able to conclude the element of communication solely from optical perceptions.

What is remarkable about the impairments of self-perception, specifically in sensory aphasia, is that the pat., when spoken to, is not made aware through looks, etc. that a communication is intended on the part of the individual speaking. When in such circumstances no tendency at all exists on the part of the pat. to understand, then it has to be assumed that for the afflicted person the meaning and purpose of the term "communication" have become unimaginable. For the explanation of analogous impairments of self-perception in motor aphasias, this postulate must be modified, corresponding to clinical experiences (cf. the case of Marie S.), to the

assumption that the meaning and purpose of the term communication to a corresponding external stimulus (being spoken to, requests) can be imagined but cannot be spontaneously imagined.

Through psychological considerations we have thus reached the conclusion that imagination of the concept, communication [*Verständigung*], in and of itself, must be the psychological function we have been looking for, on the integrity of which depend in the case of central impairments the possibility of a comparison between the defective and the former state – and thereby the possibility of a self-perception and biological self-correction.

We have, further, to return to the earlier presentation that biological self-correction in central speech impairments is achieved through the language of gestures.

The combination of these deliberations leads us to the conclusion that the concept, communication, represents the psychic element from which self-perception of an inner speech impairment, as well as the tendency and the capacity for a corresponding substitution through the language of gestures, may be psychologically deduced. -

Thus, we find ourselves in complete agreement with the clinical experience of our case, Marie S. In this case of motor aphasia we have seen that the language of gestures was extinguished, with the mere exception of a single pointing gesture – the spontaneous language of gestures however, completely extinguished. Loss of the use of gestures can be deduced freely from the assumption that the concept, communication, has been impaired; particularly instructive, however, is the manner in which the pointing gesture presents itself. Through the appearance of a gesture of verbal request (never with demonstration!) the possibility is excluded that the pat. did not have this gesture at her disposal in and of itself. The fact, however, that the pointing gesture was never used spontaneously may only be explained in these circumstances in that a motive for the same was not spontaneously imaginable. The motive in the language of gestures is the tendency toward communication; we have thus reached the postulate, described earlier for the cases of motor aphasia in question, that the concept, communication, was indeed entirely or partially aroused through corresponding external stimuli, but is unimaginable, however, spontaneously.

We repeat therefore the result that the third common cause to which the impairments of the biologically correctional language of gestures may be traced – that the common cause is to be sought in an impairment of the imaginability of the concept, communication.

Since there are different levels in the disturbance of the concept of "communication," differences in aphatic lesions, and individually different compensations of inner speech disturbances, we naturally have to postulate highly differentiated nuances in consequences of disturbances of the concept of "communication" and in the reciprocal relationships of these conse-

quences. Already the fact that the concept of communication is spontaneously unimaginable, reactively imaginable for motor aphasics results in a disproportion between the disturbance in self-perception on the one hand and biological correation, on the other hand. For the production of a certain degree of self-perception the motor aphasic draws on material from the relationship to other people in the surroundings that is repeatedly established by way of language comprehension or from the concept of communication that is repeatedly rendered imaginable by the sensory speech center. On the other hand, however, the loss of spontaneous imaginability of the concept of "communication" prevents the tendency and possibility for adequate self-correction. If we are to conclude from the identity of the psychological and the physiological that self-perception and conscious self-correction must always agree in every single aspect, then from what has been said we may conclude that from the outside the one side of the impairment may be noticed relatively more under certain conditions and the other relatively less. For the motor aphasic, for example, the examiner raises the concept of communication to imaginability through the stimulus he has given the sensory speech center, and he expressions of existing self-perception thus surface in the afflicted person; at the same time, however, the latter notices from the resulting defects of spontaneous self-correction that adequate spontaneous imaginability is missing. Thus the overall view of the afflicted person results in an apparently graded distinction between self-perception and correction through the language of gestures. It is further to be considered that the imaginability of purpose and meaning of comprehension not only stimulates but regulates corresponding forms of expression. For the not quite complete impairment of this aspect of stimulation and regulation in our cases of aphasia the result is a biological correction that is intended but poorly regulated. The intention of correction thus corresponds to a more or less clear self-perception; inadequate regulation, however, means a para-function of correctional substitutive forms – in our cases, that is, the existence of dispurposive, incomprehensible gesticulations. *Mazurkiewicz*'s Case I gives a good example of regulated language of gestures that fails due to inadequate imagination of the meaning and nature of communication. –

Thus in the course of psychological interpretation, we are compelled by clinical experiences and impressions to assume that for a host of inner speech impairments – one is presumably allowed to say: for all severe, far-reaching ones – side effects appear that develop not from the speech impediment itself but from a common third element as a cause. As this common cause we have discovered psychological impairments of the imaginability of meaning and purpose of the term, "communication" For this third aspect, however, it is not possible to construct a further psychological cause. We are compelled to consider the impairment of the concept, communication, as directly established by the same anatomical alteration through which the

aphatic complex of symptoms is itself given. In other words: Far-reaching lesions in the neural area referred to as a speech area do not mean merely impairments of the inner language of sounds but also alter the imaginability of the meaning and nature of the concept, communication.

We recall here *Hartmann's* explanations that the functions of the speech mechanism find their expression in the psychically determined ongoing relation of the organism to the complex of stimuli from the outside world and accordingly possess the character of true orientational achievements. Based on these ideas and on our earlier considerations, we reach the conclusion that the imaginability of the concept of communication, its arousal through complexes of stimuli from the outside world, and its function as stimulation and regulation of correspondingly purposive reactions form a special component in the total orientation of the individual. I refer to these specific, introspectively manifested biological achievements as the imaginability of the meaning and nature of communication as signal orientation [*signale Orientierung*].[5]

Impairments of signal orientation exist, as has been shown, in illnesses spreading from a center in the same area of the brain in which lesions of aphatic impairments are known from experience to be found. We are compelled to assume that the higher psychic function we refer to as signal orientation must be localized in this region of the brain.

It is necessary to interject here a comment on the rather controversial question of the existence of "centers" of psychic functions.

I think I may say that this question would not have become controversial if a fatal misunderstanding had not crept in – if one had not always taken the meaning and concept of "center" literally. The word means "mid-point," and if we focus on this meaning, it negates the idea of individual cerebral functions being entirely bound to specific regions.

"Center," in the literal sense of the term, means an area in which, for the sake of a particular, activating biological process, diverse systems function synergetically. This literal meaning of the expression should be adhered to here.

Consistent with these considerations as to center and localization we want to make *Freud's* views on the central speech apparatus the starting point for further constructions. He says: "Then it only remains for us to voice the view that the language area of the cortex is a homogeneous cortical region, within which the associations and transferences on which speech functions rest proceed in a complexity that cannot be more narrowly understood .... The so-called speech centers .... appear as corners of the speech field .... And it has to be considered to which other areas these centers are tangential. Broca's area lies in the closest

[5]The word "signal" in the sense: "referring to communication."

proximity to the motor centers of the bulbar nerves. Wernicke's area lies in an area that contains the auditory nerve ending ... and the visual center touches the part of the basal lobe where we locate the end of the optical nerve. Such an arrangement ... may be explained as follows. The language area of association, on which optical, auditory and motor (or kinesthetic) elements converge, extends, due to this convergence, between the cortical fields of these sensory nerves and the motor cortical fields. If we imagine now that a lesion can be shifted within this associative field, then it would have a greater effect – the closer it comes to one of these cortical fields – if it directly touches one of these cortical fields, then it will cut off influence of the area of associations belonging to speech – the optical, auditory, etc. element will be lacking for the speech mechanism. If the lesion is shifted further inside the associative field, then its effect will be vague; in no way will it be able to destroy all the possibilities for one type of association. In this way, the parts of the speech area touching the optical, auditory and motor nerves in the brain assume the significance that ... has led to their postulation as speech centers."

In these thought processes is classically rendered how we must imagine the speech mechanism as a center of associations and the existence of centers in a center. This sort of view communicates the agreement between the physiology of the speech mechanism and the biological basic principle of orientation. We recall the ideas of *Hartmann* that the apparatus of the language of sounds consists of an associative synthesis between the motor component of the language of sounds and the sensory component of the apparatus for hearing. Summing up the physiological and biological considerations under the point of view of orientation, the formulation offers itself:

The language area as a center of associations achieves the grouping of elementary orientational systems to a higher orientational apparatus.

Thus we are dealing with the concept of a homogeneous orientational system of a higher order *vis à vis* the elementary orientational systems, the sense systems.[6] The latter function as unified mechanisms through the unity of the sense quality in which they orient.

The orientational systems of a higher order attain their nature as unified systems, however, through the unity of the biological tendency they serve.

The unity of the biological tendency, however, is given through unified and special meaning in the total orientation of the individual. A homogeneous mechanism gains its character as a real system of orientation through its differentiation as a specific constituent of total orientation. –

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[6] "Sense system" in Hartmann's sense, that is, with the inclusion of a subsumed motility.

The complex mechanism of the language of sounds in its composition of sensory components of the auditory and of the motor components of the phonetics system is in itself not yet an orientational apparatus, because the primary function of an orientational system is attitude [*Einstellung*] to a stimulus. This occurs for the single sense system through the motor component accompanying the sense organ itself – through the muscles, which themselves orient the sense organ.

With regard to the speech apparatus as a complex mechanism, the motor component belongs to a different sense system than does the sensory. An attitude of the perceptual orienting function to the stimulus does not result through this motor component (speech muscles); therefore no primary orienting function results. The elementary (original) activity of the combined apparatus of stimulus reaction in the speech mechanism is not an attitude toward the stimulus but rather an imitation of the stimulus.

Imitation of the stimulus indirectly becomes an orienting function if it is subsumed in an adequate way to the orienting activity of the entire central mechanism as imitation: stimulus, and if rendered useful. The imitation of words does not signify an orienting effort, is in itself biologically dispurposive; it gains its meaning for total orientation through its application in the mechanism whose activity we have referred to as signal orientation.

The language of gestures also rests on elements of stimulus imitation and, as *Mazurkiewicz* has shown, it has developed out of imitations; these stimulus imitations also become more biologically purposive orientational functions through their subsumption under the mechanism of signal orientation.

The fact that a connection between verbal and gesticulative language and the imaginability of the tendencies to signal orientation exists, both as a psychological construction and as localized in core infections of the so-called language area, justifies us in the formulation: The brain region referred to as a language area[7] does not serve the language of sounds alone but rather, the grouping of stimulus-imitative automatisms to that higher orientational achievement that is represented by grasping [*Auffassung*] the imaginability and instrumentalizing the further communication of complexes of stimuli of all kinds for the purpose of communication - which we call signal orientation.

I attempted earlier[8] to deduct the principles of social unity from the biology of imitation. I took the position that the imitation of the behavior of an individual by a neighbor within a group is fundamental to the most primitive form of a society; further, I have attempted to show that, with further differentiation, the instinct of imitation is incorporated as empathy

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[7]In Freud's sense.

[8]Phylogeny of Ethics (*Archiv fuer Kriminalistik* etc.).

[*Einfühlung*] with the psychic states of others, as concluded from their behavior, and thus becomes the basis of higher social feelings and terms.

Here the function of imitation is to be thought of as a complex achievement in the highest sense, as a reaction of the total individual to a complex of stimuli. This unifying achievement of the total psyche is *eo ipso* an act of total orientation, a true achievement of orientation.

The imitation of simple, as opposed to complex, stimuli only becomes an orienting function through its unification with a certain biological tendency and through inclusion in total orientation.

The ontogenetic development of speech makes it plain how in this way through the automatism of meaningless repetition the structure of a genuine psychic capacity for orientation arises as the grasping, the understanding, and the purposive response of a complex of stimuli.

The connections of the limbic system [*Zwischenhirn*] to expressions of feeling and familiarity, to a probable evolutionary connection of mimicry with elements of empathy, of imitation, lead to the hypothesis of a phylogenetically older, sub-cortical apparatus in the limbic system for the automatisms of simple stimulus imitation – in the cortical region serving signal orientation, where the sub-cortically stimulated automatisms of simple stimulus imitation of the cortical brain activity are transmitted and where the complex function of signal orientation constructs itself through the simple automatisms.

The possibility of regarding the center of signal orientation as a projection field of a sub-cortical mechanism transmitting and stimulating simple automatisms of stimulus imitation allows for a presumed localization of such a high-level psychic function as signal orientation. The total apparatus of signal orientation is apparently a mechanism that in its sub-cortical part combines the acts of all individual elementary sense systems to an automatic imitation of stimuli and in its cortical combines to signal orientation.

We arrive at the following conclusions:

1. The sum of all achievements of the total organism in connection to the mutual biological purpose of communication is a specific component of orientation held together and regulated by a special system. The ability to understand acts of communication as such, to imagine and produce them, should be called signal orientation.

2. The brain region referred to as a language area (in *Freud's* sense) is to be viewed as a center of signal orientation and not only serves the language of sounds but achieves the grouping of all perceptive and reactive abilities of all sense systems, so far as they have a connection to unified biological tendency to communication.

3. Centralization of the possibilities of communication determines the impairments of the language of gestures in severe aphatic illness.

4. Where in severe aphasias impairments of the language of gestures occur, the impairments of the language of sounds and of the language of gestures appear as correlated symptoms of the illness.

5. More extensive impairments of the center of signal orientation alter all psychic qualities insofar as these are related to the element of communication.

6. Self-perception of aphatic symptoms depends on the imaginability of communicative aspects altogether.

7. It is possible that the center of signal orientation must be regarded as the cortical representation of a sub-cortical apparatus, by which latter the stimulus to the automatisms of stimulus imitation is triggered, and that the function of the cortical center is to distinguish signal orientation out of these automatisms as a component of total orientation through its close connections with the rest of the cortex.

FREUD'S IDEOGENIC FACTOR AND ITS MEANING IN KRAEPELIN'S MANIC DEPRESSION

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Leipzig, F. C. W. Vogel.]

That pathological phenomena roughly of the type, kleptomania, are regarded as particularly obscure and peculiar has its real reason in the limitations of specific content. All available means of research have been applied in exploring the basic disorders of the general functional principles behind individual content-determined symptoms – however, a gap has remained between a vague extension of the constitutional basis and an understanding of the precise manner in which pathological contents are formed. These are simply rounded off. –

The prerequisite for all scientific psychiatry is the recognition of psycho-physiological identity, the monistic worldview. Not all psychiatric researchers are monistic, but all psychiatric research is. The now recognized unconscious aspect of psycho-physiological unity allows the science of psychiatry and material fact to be synthesized, allows us to free ourselves from the mistaken ideas of earlier times. According to the law of the swinging pendulum, however, the departure from old mistakes went in the direction of a juxtaposed error. New awareness demands a new error.

Since we have become aware that all psychic impairments are brain alterations – since that time this awareness has imperceptibly changed into an insistence that every mental illness is a pathological event affecting the brain by exactly the same principle and with exactly the same effect as any other affected organ. In reality, this is only true for a very specific category of mental illness that we refer to – whether or not there is anatomical change! – as principally organic. The parallel to pathology in organs other than the brain is quite precise: like every other organ, the brain, too, reacts to changes in its structure and chemistry through correlated changes in its physiological function, that is, with structural changes in the flow of psychic

processes, in psychic activity.[1] That principally organic elements must express themselves in primary disorders of psychic activity – that is a universally applicable, instinctively realized physiological axiom that figures in every psychiatric consideration as something instinctively recognized and expresses itself immediately as a doubt and question whenever anomalies of psychic content are clearly primary. In such a case, however, a psychiatric perspective must prove inadequate that only assumes changes in the brain corresponding to the basic principles of a general pathology that is true for all organs.

Out of this chaos of unresolved questions and misguided efforts, Wernicke's theory of a split [*Sejunktion*] towers like an overwhelming edifice that has remained incomplete and, indeed, in itself had to remain incomplete, however much the foundations are and will remain the basis for all further work in this entire field.

Wernicke's theory of a split signifies the lasting recognition that the immediate source for phenomena with a specifically pathological content is to be sought in a disorder of associative connectivity, in a blocking of the flow in the paths of association. –

Wernicke's theory of a split reaches its apex in his conception of "overvalued ideas," in which he expresses the realization that the lack of agreement between an affectively intense complex of content and the individually dominant "conscious content" – that the conflict created in the mind through such incompatibility in terms of content must lead to processes of splitting and, as a result, to a pathological over-emphasis on certain complexes of content. – As presented here in its essential features, Wernicke's theory comprises what is enduring with regard to overvalued ideas - what research confirms in an unforeseen degree and has explained in its causal connection. For that confirmation, however, exploration of an unknown area in psychophysiology was necessary, the creation of a new psychological mechanics through S. Freud. –

The ideogenic processes of "repression" and "expression through a symbol," as uncovered in Freud's psychoanalytic investigations, reveal the closed causal chain from the pathological psychic conflict to an element of splitting [*Sejunktion*] and to a pathological phenomenon characterized by content. With the discoveries by Freud a new category of psychopathological phenomena is opened up, with which a specifically functional type of illness is placed beside principally organic disorders of psychic activity - in which primarily pathological content is created by those functional processes through which the creation of psychic content comes about. - It is

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1 "Conscious activity" in contrast to "conscious content," according to Wernicke. – It is unfortunately no longer possible to retain the exact same words used by the founder of that heuristically indispensable distinction. For us, psychic event has become a significantly broader term than is "conscious." – In place of Wernicke's terminology we have to speak here of psychic activity and psychic content.

the specifically differential quality of the central nervous system to change its function continually and regularly. The results of this particular change are the psychic contents with their reciprocal connections and relationships; through this specific functional change pathological contents also may come about, under particularly unfavorable conditions. – With this new knowledge, the hidden error is eliminated by which such changes in the brain are thought to lie at the bottom of all psychic illnesses that develop according to the same laws and in the same manner and are thought to act like all other pathological processes in all other organs. We now know that the brain, through its particularly specific differentiation, that is to say, through its unique specific function, plays a different role than do all other organs. And this particular quality of the brain requires the division of psychopathological processes into two separate categories. The one type follows the general laws of pathology - creating the principally organic illnesses, which are primarily formal disorders of psychic activity; the other type is acquired by the brain by and through its function, creating primarily functional illnesses, phenomena of primarily pathological content.

With this division, one of the oldest problems in psychiatric thought is eliminated. Logically, it is obvious that all principally organic disorders – with that I mean all those in which the brain, like all other organs, is concerned, without regard for its singularly specific function! – that all these mainly organic disorders must express themselves primarily in changes in form within psychic activity. In addition, we have learned that the specifically cerebral function of continuous self-change, through which individual psychic content is formed, may, under certain unfavorable conditions, functionally create primary pathological contents. Pathological phenomena that are circumscribed by means of their content thus correspond to principally functional forms of illness.

In my lectures, I generally clarify the circumstances of the ideogenic split [*Sejunktion*] by drawing on Wedelsky's physiological experimental results as an analogy. Wedelsky demonstrated with a nerve muscle preparation that stimulus conduction in the nerve fiber turns into an inhibition of conductivity when an increase in stimuli accumulates. If one attempts to carry these results over to psychic events and add them to Freud's results, then it appears to be an affectively increased release of neural energy through which, under certain circumstances, a sudden reverse [*Umschlagen*] of the associative conduction into an inhibition of association comes about. This blocking [*Sperrung*] is thus the significant process in the ideogenic split brought about by complexes of content with affective intensity. –

It seems to me that this view has an advantage in that it negotiates in a very simple way with the element of inherent disposition. The reversal of associative conduction into inhibition is, on the one hand, dependent on

virtually every psychic event is at the same time a physiological process. From precisely this necessary result of monistic heuristics comes the rehabilitation of a psychic etiology.[7]

I believe that Freud's theory must meet with but little resistance in so far as it involves the immediate effects of psychic trauma, that is to say, the pathogenic conflict. In this aspect, it stands in the most favorable relationship to Wernicke's theory of a split, to Wedelsky's physiological results, to the physiological consequences of Müller's theory in the sense of Stadelmann's theory of disposition – and, I may be permitted to add, to my theory of secondary function, which is supported by Wiermann's studies. Above all, Wernicke's theory of a split already confirms the discovery Freud made of a pathogenic effect of psychic conflicts.[8]

The real obstacle to understanding Freud's theory is his genuinely problematic principle of the duration of psycho-traumatic mechanisms, of an unchanged persistence of repressed affective elements. – I believe I may be permitted to digress here, inasmuch as it seems to me the only approach is through generally biological analogies.

Enduring pathogenic effects of psychic trauma, that is to say, pathological residues of the damaging affects of constellations, obviously derive from enduring general biological results of affects altogether. In the sense of a biological view of ideogenic processes, I would postulate the assumption: the enduring pathological effect of pathogenic affective constellations can only be

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[7]Cf. Albrecht, Die psychischen Ursachen der Melancholie, *Monatsschr. für Neurol. und Psych.*, 1906.

[8]The essential element in Freud's theory of causes is the psychic conflict itself and not the sexual aspect as such, as is usually assumed. Recently this widespread error experienced a strong correction in a brilliant presentation by C. Jung (*Münch. Med. Wochenschr.* 1906). – The sexual etiology is completely independent of all the **main** elements of Freud's theory of ideogeneity; it is exclusively the result of casuistic empiricism. – In my first practical applications of Freud's method, I firmly anticipated that the validity of his data on the dominating significance of precisely the sexual aspects of conflict would prove to be limited to very specific and narrowly delineated pathological material; however, I was able in all my own cases to confirm Freud's data. I mention here as a matter of interest a case of "traumatic hysteria" with symptoms manifested as a clearly pathological state through a lightning stroke and which could be traced to a typically sexual complex as ideogenically preformed. – I am convinced today also that the etiological role precisely of sexual conflicts is a product of the milieu, an expression of the conditions of the times and their effect on the individual. Older literature contains an eternal monument to the non-sexual psychotic conflict from other times: Saul's psychosis in the splendid "Books of Samuel." Recently, I have found in newer literature a second example with essentially different conditions presupposed in a similarly highly characteristic way: the development of psychosis in war according to L. Andreyev (*Das rote Lachen*).

understood as an adaptive biological event, that is to say, as a dispurposive modification of an enduring general biological effect of affective experiences.

With that, I want to say that the enduring pathological effect of a pathogenic affective experience can only become comprehensible when we understand it as a modification of an enduring biological effect, belonging to the biological nature of the affective experience, that is, when we see behind the pathological and normal effects of affective experience a general biological function of affects at work, regularly participating biologically in an individual form. I believe that such a function exists – that the two-fold regulatory meaning of a momentary and a permanent adaptation of biological reactions of the individual can be ascribed to affects. – I would like to elaborate on that here, even though I am aware that such views scarcely bring more than hypotheses, ideas and analogies.

In order to grasp affects as regulatory factors, we have to call to mind the basic meaning of regulatory events altogether. I recall first the singular combination of genial research and extraordinarily phantastic interpretation in which H. Driesch presents so-called vitalism. One thing above all seems clear: in order to carve out a heuristic principle here - in place of the final, but unimaginable end conclusions reached for vitalism – a different question must be hit upon than that of the author. – What may be considered the most definitive result of Driesch's research is a far-reaching agreement of physiological regulations, that is to say, specifically the extraordinary physiological adaptive reactions of human purposive actions or psychological adaptive reactions. Now I believe that here only a single conclusion is possible: general basic principles of physiology are fundamental to all adaptive reactions, to the morphological and psychological, as well as to the reflective and completely conscious – underlying all there must be common basic physiological principles that we do not know and which it must be the task of science to explicate or understand causally in their entirety. This means especially: precisely in this question we cannot, as an exception, go from the most complicated of all adaptive reactions, the human cerebral achievements, to simple closed ones - the finest qualities of the most highly differentiated adaptive reactions ("consciousness") cannot be sought in the most basic - but conversely, behind the most complex psychic regulations precisely those physiological principles must be sought which more clearly appear in primitive morphological regulations and which are best understood in precisely the most elementary adaptive reactions. -

In every reaction of every organism to an extraordinary stimulus [*zum außerordentlichen Reiz*], I see a common type. This type expresses its essentially common features in the somatic regeneration of an amputated lower organism – just as, for example, Driesch's innovative work clarifies these circumstances – as much as it does in a human being's reaction to an extreme affect. –

Reactions of organisms to an extra-ordinary stimulus have a distinct and unusual significance in that when an adaptation does not yet exist or - the more extraordinary the stimuli are by which the organism is affected - when an adaptation is not complete, it is they that encompass life processes. In other words: the common characteristic for all reactions to extraordinary stimuli is that a new adaptation is created. A new purposiveness develops only as the result of a process that in some way presents itself as *αγών* [*agon* - LLM], as a rivalry among numerous and varied possibilities, among which purposiveness represents the last remaining individual case.The typical course of such a process may be best represented as a sequence of discrete phases whose biological foundation appears to be the expression of a common elementary principle:

1. Through the extraordinary stimulus, that is, through the extraordinary alteration of a biological or physiological state, the total organism, or at least the whole systemic aspect affected by a stimulus, is overturned in the circumstances of its functioning. The balance of correlations is overturned, the rhythm of vital events ceases. In its totality, the organism is dominated by the new situation and underlies the general inhibition of all functions.

2. With the falling away of correlative balance, the ties of individual organic aspects to certain individual functions are dissolved.[9] The elements more or less approach an embryonic state with its unlimited possibilities for structural and functional development.[10] The division of labor into specifically differentiated individual elements and functions continually regulated and maintained in a state of balance by stimuli makes way for variability in all individual elements and functions, as a transition from the normal state of rigid order and division into *αγών*. In this *αγών*, however, there must necessarily be disproportionately unequal chances: All types of functions that stand in a contrast to an architectonic and functional state of balance, that is to say, all unproductive types of functions must, similar to the primary

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[9]Fischer (*Münchner Mediz. Wochenschr.*, 1906) brings, in a work, the brilliance and significance of which remains to be seen, experimental proof that suspension of architectonic balance brings about the return of tissue to an embryonic state. – In Fischer's experiments of chemotaxis it is only necessary for the correlative stimulus of the total organism's architectonic balance - which continually impacts the individual element of an organ – to be continually outweighed by a different yet always equally effective atypical stimulus. The single architectonic disturbance through simple shifting is immediately corrected by the correlative stimulus of the total organism. In a continuously enduring impact on architectonic balance, proportionality decides between the correlative stimuli and the stimulus of chemotaxis. -

[10] One of Driesch's most beautiful experiments yields the following: In the amputated body of certain forms of larvae all the cellular elements transform into the same completely undifferentiated form of the earliest embryonic state, that is to say, the amputated individual transforms itself in its totality into an undifferentiated pile of cells and resumes the whole development from the corresponding embryonic phase.

extraordinary stimulus, effect an inhibition, so that to a certain extent they cancel themselves out; failed attempts by the organism are thus corrected, and presumably they are masked by the inhibitory reflex. Free variability thus remains totally connected with and pervaded by elements of blocking. The blocking reflex ceases whenever a combination emerges from the free variations that carries in it some sort of possibility of some sort of architectonic or correlating balance. The transition from disordered balance to some sort of proportionate balance means in itself, however, a purposive effect. That is to say, through dissolution of inhibition the organism achieves a new purposiveness out of the phase of failed attempts and inhibitory reflexes. –

3. Once the balanced possibility is the only one remaining out of all the various possibilities, the architectonics and correlation of stimuli become operative again with regard to balance, and, with them, a specific differentiation of structures and functions. And the containment, again, of all types of functions within the limits of specific differentiation entails a savings, a liberation of vital energy, and thus a dissolution of elements of inhibition by way of a general increase and acceleration in the totality of vital events.

4. The final result is always a new balance – even if, for example, the old biological situation is created in simple regeneration but with a new genetic basis. - Coincidentally with the new stabilization, the concentration of the total organism on the stimulus is suspended, together with the effect of the stimulus. Based on general laws, the area of functioning that was affected by the extraordinary stimulus is again driven by a minimum of energy, that is to say, with minimal participation by the total organism: according to the general principles of biological economy, the newly acquired adaptation reduces itself to a stable structure and a stable functional rhythm. –

If we emphasize now the aspects of the result, that is, the result of an individual adaptation, then the typical phases can be presented still more simply and precisely:

1. The extraordinary stimulus destroys organic balance, thus eliminating the correlation of individual organic aspects to certain specific qualities and functions. – As a reactive antagonism, blocking counters an inner variability that has been liberated; the biological total function of the organism is blocked, and a kind of concentration of all vital energies on the perceived stimulus is achieved, which means, in turn, that an element of selection is created that works on the competition among the free variations. Biological activity is subject to the antagonistic powers of both blocking and liberation. –

2. Once a combination emerges that gives the organism a new organic balance, it has the upper hand as the blocking reaction falls away; in this new balance individual elements are newly correlated with specific qualities and

functions and a sum of vital energy is thus available. The organism attains a new purposiveness with an increase and acceleration of all vital functions. –

3. The newly created type of function is optimally independent of the participation of the total organism. That is to say, it attains maximum autonomy. –

Whether the organism as a whole is concerned or specific characteristics, the reaction to the extraordinary stimulus is the same: the psychic activity typified in affect.

Thus we return to the affects as regulatory factors. – We have said that this aspect of affects is two-fold. Momentary regulation is presumably fundamentally significant to all emotional processes: these determine individual attitude to a certain category of reactions, creating an adaptation to the momentary situation. I have discussed this regulatory significance of affects in my "Secondary Function" as a matter of acquired adaptation – which does not concern us at the moment. Here, we refer to those affects[11] that are carriers for types of reactions to extraordinary stimuli, that is to say, reactions to situations in which a new adaptation of biological behavior must first be found. In these affects, the creation of a new adaptation occurs in generally typical phases:

1. Blocking, together with the release of free possibilities. Regular psychic functioning ceases and instead there is a concentration on the perceived stimulus; inhibition functions as a correction and as a principle of selection with regard to possibilities that have been liberated. – Inner variability, that is to say, the suspension of differentiated binding, characterizes the state of helplessness which is typically the initial reaction to a disturbance of balance and which is followed by differentiation, relative to the effect of blocking: if the release of free possibilities outweighs, then an element of fear dominates; if blocking outweighs, then a sort of simple depression dominates. – General psychic blocking fixes concentration on the stimulus, that is to say, on an affectively charged content,[12] and the liberation of possibilities is thus limited to elements that are related to the perceived stimulus.

2. Once a purposive reaction is reached, the new adaptation completes itself through released concentration and general increase and acceleration of psychic activity. This transition to a new adaptation is the state we call pleasure [*Lust*]. –

3. The newly acquired adaptation to a certain external possibility now becomes a fixed part of the individual, that is to say, it makes itself optimally independent of the participation of the psyche as a whole. It becomes automatic.

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[11]For affect and "automatism," cf. C. Jung, dementia praecox.

[12]That is to say, this content enters into reinforced secondary function, cf. *l. c.*

In this sense, an affect appears as a typical biological process in which - alongside the preformed momentary adaptation to the situation – a new permanent adaptation, that is to say, a new purposive automatism is created.

Much, I believe, can be explained in this way. Above all, the fact that pleasure [*Lust*] is necessarily transitional. Pleasure is the accompanying feeling in the acquisition of a new adaptation that is automatic from that point on, that is, remains without its being charged by affect. And this means that pleasure can only be experienced through new adaptations to ever new situations, that is, through ever new domination of ever new areas.[13] – The best formulation for this biological principle is Nietzsche's formula: will to power.

For us the result is that every affect necessarily works itself out as a biological regulatory process, that is to say, it must continue up to the creation of a new enduring automatism. At the same time, however, we know that our total adaptation to our life circumstances is only an incomplete one. We find ourselves in the same relation to the great societal organizations in which we live as individual cells relate to animalistic total organisms in Hertwig's genial conception: the demands of the whole fulfill themselves at the cost of individual regulation. Under certain conditions, social restrictions do not permit the individual to work through his own biological regulations, that is, his affects. This is the nature of pathological conflict. If an affect, that is to say, if the development of a new purposive intervention in the creation of a lasting new acquisition is interrupted, then within the shaping of a lasting new acquisition, a dispurposive intervention is lodged. In place of a purposive automatism - with which, as a process of inner selection, affect finds biological closure – there now emerges a dispurposive automatism as a lasting new acquisition. And, inaccessible to the continuity of the conscious, such lasting, dispurposive automatisms are always behind content-determined pathological phenomena – behind overvalued ideas, compulsive impulses, etc.

The true nature of pathological formation of new automatisms is transfer of affective intensity. We know that the competition of various and variously focused emotional energies with regard to a specific psychic content – through a simple physiological process, as we have assumed – leads to an inhibition in associative conduction, and that this is followed by an affective overemphasis on psychic contents that are closely associated with, that is to say, are related content-wise to what has been blocked. It is obvious now that with this associative transfer – as with all associative processes – a lasting fixation of a particular associative connection occurs. A particular content thus gains a permanently increased affective intensity: it becomes a "symbol" of a repressed affectively charged complex. – Overvaluing rests

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[13]The opposite: "Contentment" is the striving for absence of pain through a limiting of self to previously acquired automatisms, that is, through the unconscious at its utmost.

on a relationship of content of the overvalued to a repressed content: the relationships of content are the introspective expression for the relationships of conductivity and pathways in the associative organ, through which paths are charted for energy transfers. We only know, of course, the introspective expression of these objective foundations – we speak as though "ideas" were what is really effective. In what way the pathogenic shift of affective energy is preformed through relations of content can be seen in the example of a particular symptom. First, however, a case history is of interest that will later be useful for its symptomatology.[14]

Oct. 23, 06. The pat. is quiet on admission; much effort is required to get her to talk. Facial expression depressed. She agrees to be admitted.

The pat.'s people state that pat. went to a gun shop. There she spoke in a confused way and said she wanted to buy a revolver. The shop owner reported it to the nearest policeman, who arranged for her to be brought in.

Oct. 26, 06. Pat. is pale, overweight. Reflexes normal. No indication of internal abnormalities.

Pupils accommodate quickly to light.

Fingers of outstretched hands show slight, subtle tremor. Slight struma.

No pressure sensitivity of muscles and major nerves. Pat. claims to be two months pregnant; fully developed breasts, no menstruation for 8 weeks (according to statement!).

Parents alive and healthy. 9 siblings, all healthy; one sister was suicidal for a time. No alcoholics in the family except for the paternal grandfather. Maternal grandmother supposedly died of softening of the brain. – Pat. breast fed. Diphtheria twice during childhood. Measles. At age 7, accidental blow to head from a stone, 1 ½ hours unconscious. No cramps. Later frequent fainting spells; at 17 onset of menstruation. Often faint at that time; always during menstruation. Was at that time always very nervous; completely without reason "fidgety" and volatile; this state lasted about 2 years; the fainting spells lasted only some weeks. They began with a pounding heart, shortness of breath, anxiety, then suddenly unconscious, later knew nothing about it, was always very listless, about 1 hour. No states of motor excitability. In 1905 these states reoccurred, two fainting spells independent of her period. At that time "fidgety" and angry, as previously. Frequent headaches since then. In winter 1904 rheumatism c. 7 weeks, with no medical treatment. Extremely piercing, stabbing pain; light swelling, occasional fever. Mental state normal at that time. At 17 now and again in particularly high spirits, brash, lighthearted, foolish, played tricks, all in all perhaps 3 weeks. At 17 ½ sadness sets in; no reason; was employed, felt tired and listless; always more tired mornings than evenings; no guilt; no particular worries; people noticed her mood; said she seemed changed. This state lasted until she was nearly 19.

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[14] I am deeply grateful to Hofrat Prof. Kraepelin for his kind permission to use this case.

Gradual improvement. – Very anemic. At age 20, 9 weeks in a sanatorium, presumably due to anemia, frequent crying spells at the time, completely unable to control herself. Moody for about 11 weeks; then completely alright again. She had always spoken very little. Her father always said: nobody can get anything out of you. In general short-tempered. – Spring 1905 exhausted from strenuous work. Since then "fidgety" again, anxious. End of August very severe headaches; dizzy; always the thought that she did not want to live any more, although at that time she had no particular reason. Recently no periods, from which she concluded that she was pregnant. Very quarrelsome towards her lover; a lot of guilt over it: "I live in the delusion of being the unhappiest person on earth; I can't get away from that thought." 6 days earlier she wanted to poison herself with muriatic acid; bought it, and her sister took it away. She had for some time told her sister she was contemplating suicide. On the 23rd she could not "think any more," she had the feeling as though there were a wheel in the back of her head. Says she was dizzy; went to the door of a shop; wanted some water. Says she did not know if she fainted then; says a medic came. Says she could not remember her arrival at the clinic. What she said in the gun shop she did not know; says her head was confused, felt very tired, worn out. Says it was hard to speak, that she had such a strange feeling down her forehead: "I had to piece together the individual words; I had so much in my head, it was all mixed up, so fast." It seemed to her that there was too much in her head; she could not give any information as to the individual thoughts; says she was reading a book, for example, and when she got to the bottom, she still had in her head what was at the top. "When I wanted to say something, the thought was gone again, it was like 'blocked'. It literally holds onto me; it holds me back; when I come to, it is back again; it's so terribly hard for me; I feel it all over me. It's sometimes so terrible that I don't know where I am anymore; I hit my head on a night stand and hurt myself. I notice it beforehand; I am completely dizzy. There are only sad thoughts in my head. If I think about eating, the next thought is, it could be grass. I think: that's a skirt; at the same time the thought comes to me, the skirt is a sock. I imagine these objects, too. I think, of course, that it's nonsense; it just comes to me from time to time; but these thoughts scare me. It's so hard for me to think." – On leaving the examination room, the pat. stops after a few steps, then on command continues, stops again, etc. It is hard for her to make a decision. Appears to be hanging onto a thought while others emerge and vanish.

Oct. 27, 06. Very anxious today, complains of dizziness; says she is more confused in her head than usually. Says she has the feeling as though there were a ring around her body holding her together. Says that from time to time she is unable to breathe. – No perceptual disorders. On her left breast round erosions covered with dead skin that are presumably parasitic in nature. Pat. says she traces the development of this skin problem back to a

blow from one of her employers and that on advice she had pressed charges. The matter was not yet resolved.

Intellectually, pat. is above average. Average academic knowledge. Remarkable is pat.'s surprisingly insightful self-awareness. – She is told a little story to repeat; pat. is not able to accurately re-tell the story; tells it in disconnected sentences punctuated by long pauses. Explains this by saying she was so confused in her head that she was not able.

Oct. 29. Evening. Compulsions: says she is repeatedly filled with an urge to commit suicide. Says this element has displaced the earlier – kleptomanic – compulsions; says that apart from the content everything is the same.

Insight into her illness: says she would like very much to be free, feels unhappy. Says first she was in a dull, compulsive or cramped crying daze, then under the influence of the conversation.

Oct. 30, 06. Last evening more lively again, as always evenings in contrast to mornings. She is told that the thefts were reported. On the surface, she takes it quite indifferently; says she could not do otherwise; she does not know how she came to do it; says she had no material advantage from the thefts; says she left the objects, which were partly valuable, partly, however, useless junk, with her own things; says she did not even hide them. The thefts, according to her statement, go back to November 1905. They were reported by the woman against whom she had made the accusation (because of the blow to the breast, see above!). The most recent thefts she had committed when she was already depressed, about 6 weeks ago in Hotel K. Says she was not able to see anything lying around at that time without having an incomprehensible urge to take it. (The prosecuting attorney has informed us that the patient is under investigation for theft.)

With vigorous, angry affect demands her release; claims the doctor on duty has told her that nothing is wrong with her. She is highly indignant about it and upset, bitterly complaining about the contradiction of being taken for healthy and still being held here against her will. On being confronted (forensic) pat. admits with regard to the thefts: "They were things that I liked a lot; I had to take them; I didn't have any peace until I had taken them. I felt relieved afterwards; once I was stopped from taking something, then felt bad the whole day. I have always hated people who steal. At 17 I was in very high spirits; did really stupid things; that passed and then I was sad again. I'm not sick; I just have headaches. I used to have fainting spells sometimes."

The pat. did not commit the thefts for her own profit; her behavior completely contradicts that. She had an inner nervousness; when she had committed a theft, then she had the feeling of relief. Her statement, in its entirety, arouses no suspicion and is clearly not an excuse. She did not hide the thefts; the abundance of such numerous thefts points to the fact that the thought of being discovered had played no role. There was nothing that was particularly appealing; mostly the pat. took completely worthless

things. She gives information clearly and without hesitating, even if with a certain mental sluggishness that can be traced back to the psychomotor blocking. It is a rare occurrence of depression combined with compulsive ideas.[15]

Oct. 31, 06. Pat. states she never stole out of need because she would have only had to write home and then she would have gotten the money. Says she stole for the first time in November 1905. Pat. states in relation to the first theft that she had been treated badly by the employers in question. Says she was at civil court, where she was told to go away. Says she opened the suitcase then and took out the corset; she didn't have the stockings. Says she does not know how she came to take the things. She simply had to take the things; it just popped into her head. Says it was almost as necessary as having to drink water when she's thirsty.

Says at that time (September) she had a cleaning fit. She also took things like old ribbons, etc. from the housekeeper where she was last.

Says she put her own money that she had earned, for example, at Mrs. B.'s, into the housekeeping. Says she could not blame herself because she could not stop herself. Says she saw the things and had to take them right away. –

Frequent headaches and dizziness of late. –

Says she has been moody since November 1905; says the last 8 weeks it has been even worse. During the first theft she was also very moody.

Nov. 2, 06. Highly agitated, angrily rejects this interviewer; demands her release, threatens violence. Lately she has almost exclusively kept company with a constitutionally psychopathic patient whose paranoid-aggressive nature appears to have had considerable influence on her; pat. has apparently developed considerable anger towards the doctor on her ward due to the similar affect of that fellow patient (apparently regarding a sexual interpretation of a somatic examination! See below!).

Nov. 3, 06. Still has the same affect of anger and dissatisfied with the doctor on the ward. Appearing extremely upset, she later tells this reporter the source of this mood: the fellow patient (mentioned in yesterday's discussion) had told her the doctor on her ward had said in another ward that the pat. was pretending. It is characteristic for the curious suggestibility of the pat. that she had unconditionally believed that information, despite the pathological nature of intrigue and the pathological unreliability of the informant being quite apparent, despite the interviewer having explained to her how logically untenable her supposition was yesterday, and despite the supposed claim of the doctor having been disputed today by the same. – By contrast she shows herself today, now that she has been separated since yesterday from the other patient, from the start to be more open and accessible than yesterday, explains the source of her assumption, accepts

[15]Note from Prof. Kraepelin's demonstration.

a detailed explanation about the mental state of the other patient with very good intellectual understanding and lets herself be completely convinced by the content: "Oh, now I understand!" –

Evening: She says that she still has to believe that the doctor on her ward made that comment (see above!); the counter arguments were "naturally plausible – and I have to admit that I can't believe any more that the doctor said that – and yet I have to believe it!" – On being questioned, she admits it was the same as with the other compulsive drives: in just the same way she had to believe now against all better reason that the doctor's comment did occur, just like she had had to steal, etc. – She complains of an unbearable, never-ending "headache;" on further questioning she admits that it is not a matter of pain but of a circling whirring and whishing and that this sensation is very closely related to the psychic phenomena that is continually injected into and crossing the continuity of her consciousness and changing it against her will. In her description, these phenomena appear formally as autochtonous ideas and, content-wise, as compulsive thoughts. Otherwise, she says she is not in the mood for relating such content; says they were "such stupid, ugly and painful thoughts that it was embarrassing and upsetting to talk about them." –

Pat. speaks in a confused fashion about the unbearable torture she is subjected to through these continually interjected thoughts: "It is the most awful thing not to be master of one's own thoughts!" She now has full insight into her illness, makes no attempts whatever to make any delusional or even conspicuous explanations, listens with keen understanding to a careful explanation about the nature of such processes, thereby revealing again a remarkably high level of intelligence. – Asked about the nature of the connection between her compulsive ideas and sensations, she says at first that she has heard words out of the whirring and whishing, further, however, that these "words" did not have the same quality as when one hears something from outside, "with one's ears," but rather "in their thoughts." These "words" appear content-wise as imperatives, as compulsions. It is clear that pat., at least periodically, continually suffers from these processes.

Pat. reports that on going to sleep she regularly has the sensation as though her bed is rising toward the ceiling, begins to sway, and so on. These sensations of a sense of position are accompanied by violent shock, corresponding to the subjectively perceived disturbance of balance.

Pat. recently appears to a certain degree rigid and inaccessible, apparently in connection with the continual disturbances of the course of thought; on speaking, this state vanishes, she speaks freely, quite fluently, gives comprehensive accounts of her inner thoughts and is able to articulate them extraordinarily well.

Nov. 8, 06. Reports that in the past two nights she has had "horrible experiences," through which all hope and help have vanished. It has not been possible up to now to figure out what the matter was. – She has a fear inside that she cannot talk about at all; she says no one can help her any more. Refuses to converse with the doctor or to go to the examination room with him; says it is all pointless. – Clearly rejecting, limply extends her hand, stares blankly ahead, explains tersely that she has no desire to get involved in anything. –

The nurse reports that at 8:30 this morning the pat. suddenly screamed and jumped out of bed in a panic, ran through the corridors continually shouting "Father!" and began in confusion to rattle the locked door. Calmed, she lay in bed crying with dyspneic sobs. Claimed later amnesia (complete? See above!).

For the meaning of the content of her cry, "Father!" See entry from Nov. 12!

Nov. 12, 06. Today pat. has decided for the first time to join this interviewer in the examination room; she has refused to up to now, saying she is too tired, too exhausted or too upset. – Very depressed, dejected; says it won't work anymore, and so on – complains above all of terrible anxiety that occurs especially in severe attacks at night and, indeed, apparently in the form of altered states (see later!).

During the attacks, sensations of precordial nature, "as if my heart were being torn with all its fibers into two parts." – Anxiety attacks with visionary images: "Last night at dinner two men were standing in the middle of the hall, the one as pale as death, with a desperate look; the other had a crooked nose, clapped his hands derisively, enjoying my fate." –

Exactly the same picture in the night before last, before that never. –

Once in last week (when?) pat. awoke in the night anxious and with the "compulsive idea" her father's hair had turned white from his grief over her behavior. While she was worrying, a "vision" suddenly came to her: her father had died of grief; pat. could not go to the funeral; mother and siblings heap blame on her; she grieves horribly and is put in an asylum. – Recollection brings on violent sobbing.

Spontaneously states she was convinced that she has been pregnant since September: Compulsive drive to kill the child after birth, "as though that would be a payment." – Pat. reports that as a child of 10 she had a horrible shock: was walking across the cemetery late at night to the store to get liquor for her grandfather; her grandfather's apprentice hid himself to play a trick on her and jumped out of a freshly dug grave. – Pat. was unconscious from the shock for 2 hours and then sick for weeks, suffered from the most severe anxiety. Did not dare to go outside and screamed for fear, would not let herself be persuaded that it had been the apprentice. – Under the impression of the shock she had collapsed so suddenly that she hit the back of her head on a tombstone and suffered a bad contusion. –

During the following illness she suffered a lot from vomiting, had to vomit almost every time she tried to eat. – Continually believed she had seen "death," was afraid to leave her room, slept poorly; during the night she shot up screaming out of her sleep and had the image of that event in the church courtyard before her eyes. –

Anamnestic addendum:[16] For 4 years the pat. has had a relationship; the same had to remain unsatisfied because the man was impotent from a blow from a hoof. He had become well some 8 weeks earlier (see above: fear of being pregnant!). In the course of inner conflicts preceding her partner's impotence, the kleptomanic compulsions were a most recent development. – Pat. reports now that the idea of stealing already earlier, but in an inverted sense, had been affectively exaggerated: as a particular horror of theft. Since pat. has believed she is pregnant, the impulse to steal has vanished.

Most recently (during her stay in the clinic) a new trauma was added: that her father made the most bitter accusations over the kleptomanic incidents, first by letter, then indirectly, but, still more effectively, through his worried look on his last visit to the clinic; at the same time, pat. stated she could not help thinking after seeing her father's attitude that he would react similarly to the pregnancy. – The decline in her condition in recent weeks coincided with this new trauma - temporally as well as in the quality of the content of compulsive thoughts and daydreams and corresponding to the content of the anxious feelings.

Compulsive ideas and day dreams: "Mother is getting married; they've put me in the wagon in my slip without stockings, uncombed, messed up. There was nothing on the wagon but a blanket and a pillow. I was driven like that to the church door, and then my mother came and said: "For God's sake, what kind of state have you showed up in?" Then it became clear to me what kind of a state I am in." – This picture fits chronologically in the morning of the same night in which the image of the death of her father had appeared, was sensed as a confirmation (wedding, therefore mother a widow).

On the Sunday after her father's visit (a week ago yesterday) at night: "A man is sitting in the garden, perhaps in an inn, at the table, on a bench, with a glass of beer. Stands up, sways back and forth. I couldn't imagine why he was swaying, whether he was drunk or sick, that he should have such a heavy gait. Then a bridge comes; he goes across it, I go behind him. Then he has gone down a stair by the bridge, then up a little path; at the top there was a mill. In there I saw that it is a saw and then the wheel turned; then the man took off his jacket and threw it up; on the wall of the mill into an opening in the boards in a wall (like a window without a pane); then a man looks out of the opening and extends a pole: he should hold onto it in order to climb up. In order to reach the pole, the man (the one coming up) has to go in some

[16]It can be understood from what follows that uncovering the data required tedious psychoanalytic exploration. I could not copy down the associations for fear of the patient's mistrusting-labile mood.

water that is in front of that wall. It's as though he went on forbidden paths; he could have gone into the house in the front, but so as not to be caught, he has to go in the back. – Then he didn't catch hold of the pole. Then he swam out further; there were a lot of stones covered with smooth, wet moss or mud so he couldn't get a hold; he kept slipping out. The other called to him: 'For God's sake; he has always worked and has slipped out with his hands and has hit his head on the stones and then he drowned.'" –

In this picture she sees a "parable" (sic!) to her own fate – with a certain superstitious interpretation. –

Nov. 13. Asked how she feels, she says that she feels "incredibly" relieved since the exploration yesterday. Says she has been very nervous since then, but the dull pressure of fear had left her; says she fell asleep late but was a lot more free of anxiety attacks and did not have to cry any more. –

About the complications of her state (yesterday before going to sleep) as a result of an exogenously arising impact, see later! – She felt the relief the clearest in the morning on waking. –

Toward evening depressed again in conjunction with a new exogenous element: the letter from her father had blamed her for not having been to confession for 2 years; today, during her friend's visit, she had spoken with him, and toward evening once again touched on the same topic with the nurse; the nurse had spoken of eternity, and now pat. could not get the idea out of her head, was afraid she would be persecuted by it during the night, etc. – She had stopped going to confession since a priest had put sexual questions to her that she found horrifying. At the time she did not know about such things. The priest asked first if she had had "contact" with a man; when she affirmed this question out of a lack of knowledge of the sexual meaning, he asked further: "Did you insert the limb yourself?" Pat. had to think for a long time afterward about it, was plagued by religious doubts, could not pray any more, suffered greatly from religious compulsive thoughts. – Pat. accepts the explanation by this interviewer and spontaneously summarizes: actually she does not believe anything, but she cannot get rid of compulsive thoughts of a religious content, because these religious ideas are frightening; therefore the word "eternal," when the nurse said it, created so much anxiety in her. Spontaneously adds that she was influenced by others in the sense that precisely embarrassing ideas that are expressed by others do not stick like something believed but rather as brooding and compulsive anxieties. Pat. reports today – as, moreover, recently in every conversation – a lot of compulsive thoughts.

An apparently rather large portion of these is comprised of repulsive complexes; among other things pat. has had an irrepressible revulsion toward meat for about 14 days, together with the compulsive notion it could contain poison; she is afraid of insects, etc. – zoophobia: pat. is most afraid of mice: "they're so little and look so horrible!" Additionally of beetles: "they terrify me so because they crunch when you step on them;" of frogs she says

that she could not eat vegetables from a garden where she had once seen a frog. There is a strong relationship of revulsion to the aspect of eating so that she always has to stop eating where an association is once formed. Pat. reports that she felt an intense revulsion (see above) to the terminology used by the priest, connected to sexual ideas; she wanted to strike the thought from her head and still had to think about it compulsively, always with a sense of revulsion. Since having sexual intercourse, these particular feelings of revulsion have disappeared.

The zoophobias began in connection to the trauma in the confessional; the horror of mice started shortly afterwards although pat. had previously liked to watch mice; she emphasizes the "horrible" way mice look!

Associations to mice:

Appearance: "Their beady eyes are so repulsive."

Movements: "Because they're so fast; because you don't hear them."

Form: "Horrible because the body is so short and the tail so long."

Head: "Head so long, ears so little; I think that's so awful."

" " "Because the head is so big."

Head movements: Shiver.

" " "Because the head bobs back and forth and because it moves so fast."

Afraid of what? "Getting in my face at night."

" "Getting in my bed, crawling on my face."

" "Once 4-5 weeks ago I was afraid to breathe because mice might get in my mouth."

For other reasons – advanced hour – the analyses are interrupted.

Nov. 14, 06. Pat. approaches the doctor on her ward with the problem that she is upset by the exploration and asks him to communicate that this interviewer should break off the work "for today." – According to the doctor on duty, pat.'s condition appears altered: in the foreground there is now an element of nervous excitation and anxious tension; inhibitions on the other hand had let up. Cf. yesterday's discussion: the emergence of serious affectively charged complexes from the past that could not, however, be thoroughly analyzed. Above all, the ideational complex: "eternity" was repeatedly pushed aside through the emergence of numerous intermediate elements of lesser significance and thereby mobilized along with the whole sphere that went with it and with all the related inner resistances. –

Evening: In the pat.'s comprehensive account of the kleptomaniac processes to the professor, the particularly remarkable, typically repetitious element emerges that the pat. forgets or loses many of the stolen objects again, more or less immediately afterwards and under accompanying circumstances such that one cannot help but think of coordinated, unconsciously intentional actions. One observes that pat. knows nothing more about where many of the stolen objects are – apparently the danger of dis-

covery increased considerably through her temporarily forgetting about the stolen objects.

Today pat. describes situations in which she was incidentally prevented from committing thefts; each time extreme sense of being unwell, weak, of feeling sick at her stomach; her mind confused, on edge. Often she could give things away but not return them to their owner.

Nov. 22, 06. Recently, pat. has again been more depressed; she has taken the forensically obligatory explorations as a starting point for her depressive compulsive brooding – despite the fact that this reporter has extensively laid out the indispensable advantage she had from them! Recently, it is still the complexes of revulsion in particular that she suffers from; she attaches revulsion above all to eating; vomiting, etc. – Today she reports that to her own surprise her family reawakened the memory that she had been ill at the time of the last, that is to say, only occasion of a possible conception.

Nov. 24, 06. In recent days, pat. again has changed toward this interviewer. She again refuses to come to exploration, postpones sessions from one day to the next with all sorts of excuses; finally, with hostile irritation, rejects all further treatment.

Nov. 25, 06. Deep depression. –

Nov. 26, 06. Pat. is continually, evenly depressed. But the anxiety attacks described above have not reoccurred. – Pat. still finds meat revolting. She eats well; sleeps badly. She still has the feeling that thoughts go through her head in an infinite number that she cannot follow. Psychomotor extremely blocked, speech-motor as well. Pregnancy cannot be confirmed with certainty. Has again missed her period. Pat. cries often, especially when asked how she feels. She explains she will never be well again.

Nov. 29, 06. Pat. taken to the County Insane Asylum. Recommendation: Pat. is mentally ill and requires institutionalization.

Addendum:

On Oct. 30, 06. Statement by Mrs. G.: No mental illness in the family; parents were very respectable people. Reporter known to pat. since she was 12 years old. Was as a girl very high-strung. At the beginning of September 1906, pat. went to live with the reporter. Studied a lot; went whole nights without sleeping, complained of headaches; had days in between when she was quite active. Some days she talked a lot, cried a lot; appetite was good. Stayed with reporter again just prior to her admission. Talked about wanting to do something to herself. Also said that she had previously been moody. Told interviewer that she had stolen hat pins, etc. from an artist in July 1906. Had trouble at home with her father (in August) on that account. In September 1906 in Hotel K. as extra staff as a maid. Supposedly stole a bracelet, a ring, and a dress; "she wore them all," but only when she had left. Did not need money. Told reporter: "I didn't think anything of it; I didn't think I'd be punished." At the time she was very happy. Also said that she was pregnant by a soldier. Gave her own things to a friend; did not conceal her stolen

things but laid them out in the open. She took an old blouse from a chambermaid; she could not wear it; it also had no value. She had a lot of lace, etc., lots of worthless things. Vomited often; no fainting spells observed. Pat. often said she didn't know what was wrong with her head.

Was already moody before the difficulties due to the thefts. –

On Nov. 1, 06 statement by her sister Anna: Parents healthy; father sometimes mean-tempered. No mental illness in the family. 9 siblings beside pat.; all healthy. Rep. herself was very nervous last year; depressed, appeared to be slightly hypomanic. Had always been quiet, withdrawn, was not as happy as other children, liked to go against authority. Measles as a child. Learned well at school, talented, but forgot everything again right away. Following school stayed with her grandparents in L., then in R. 2-3 years. Was repeatedly sick, then anemic. Then in L. about a year, again sick, unusual case, since then in Munich. At c. 17 went to Munich. Kept her first position several years. Before going to Munich, pat. was depressed. Began to cry whenever she heard music; reserved, did not join in like other young girls. Not suicidal. Very irritable during her period. Moodiness lasted at least half a year. Then she was alright again and content. Stayed at jobs a long time; good recommendations. Slept badly at the time; looked bad. She said she had no self-control. Out of sorts again since July, "touchy," quarrelsome, moody; she was "so fed up," tired of living. Her condition got worse and worse; the past three weeks she had talked about fate. Earlier never stole, only since November 1905. Always said to reporter: "Well, I can't act differently. It's just in me, like being thirsty; I can't help myself." She supposedly always had money; she didn't do it out of need. Just took old dresses, jewelry and boots. When accused, she was very unhappy. She even took things from her sister, admitted it right away; she always admitted it again right away. She didn't sell any of it. Took things from the mistress of the house, too, for example children's clothing; put the things on top of her suitcase so that it had to be seen right away. Pat. used to be heavy, has become thin. Reporter does not think that pat. intentionally stole things: she didn't need to.

Mrs. U.: Worked for same about 2 years when she was 17. Reporter very pleased with her. Left for no particular reason. You couldn't tell at the time she was moody; quite the contrary, she was very gay. Was very "fidgety," but not so noticeably. Knew nothing about any crying. Reporter then saw pat. often about three years ago; at the time she seemed to be quite alright. Snacked a lot, took honey, milk, etc.; had stomach aches. Was rather heavy; nothing known about other thefts. Returned home then.

Nov. 18, 06 statement by father: Reporter healthy; mother healthy. Mother's brother an idiot. 9 siblings; 1 sister somewhat depressed too; the others healthy. Nursed. As a child good physical and mental development. No childhood diseases. Learned very well at school. At 13 in service at St. There about three years. From there went to Munich in service. Kept her jobs a long time; her employers were always very satisfied; she had good

recommendations. Recently in hospital 2-3 times. No births. For about 2 years a relationship. At 16-17 she was sick; was in Regensburg. Was depressed; said she had a head ailment; she had always had headaches. Nothing made her happy anymore; best would be if she was dead. Didn't want to stay at home, however, where she had come from R., because there were already enough siblings at home, if she stayed at home, too .... Went to Munich again in service. Complained of fatigue. Looked very pale, anemic, had lost weight. Had always been irritable; spent her earnings quickly, didn't save; got angry when anyone made any accusations. Nothing known of fainting spells and attacks. Her mood was always changing; was also otherwise frequently moody and cried. How long the mood lasted at that time not known. Nothing known at that time of the thefts. Reporter had last seen her in May 1906. In October 1905 nothing remarkable about her. Wrote to her father on his name's day in December and on New Year's contrary to her habit did not. In May 1906 reporter noticed nothing. Then pat. was at home in October 1906 almost four weeks. Gendarmes came often at that time and interrogated her. She came home to recover from a breast problem. Said she had left her job because of the bad food. Nothing particularly noticeable about her. She seemed to reporter to be very childish. Reporter had accused her of stealing. She went away immediately. Cried when her father visited. Not speaking today.

Excerpt from files:

1. Police report of officer on duty, Dec. 12, 05. Fl. was employed by E. from Oct. 17, 05 – Nov. 20, 05. Following quarrel Nov. 19, Fl. refused to continue working. Ran away without resigning. In Fl.'s effects E. found 4 pairs of brown stockings, 1 corset = 18 Marks. Fl. admitted to the theft.

2. Police report of officer on duty, June 21, 06. Fl. was employed by B. from Dec. 4, 05 – May 15, 06. Allegedly stole spoons, children's stockings, winter hat decoration, boy's fur collar, cravat pin in the value of 95 Mk. Wore a white gown of Mrs. B.'s to a ball.

3. Police report July 1, 06. Fl. worked for Sergeant Schr. from May 18 – June 20, 06. Stole pocketbook together with content, additionally 1 pair of slippers and 1 commemorative coin. At first denied, later admitted it. Burned the pocketbook, used the slippers. Allegedly lost the coin. Value = 18 Mk. Schoeffenger. – interview Oct. 2, 06. The accused Fl. did not appear, was not charged.

4. Police report Oct. 1, 06. Fl. worked in Hotel K. as extra help as chambermaid from Sept. 1 – Sept. 14, 06. Stole from chambermaid H. a gold bracelet, ring, women's lace gloves valued at 24 Mk. Fl. initially denied it.

5. Police report Sept. 19, 06. Gold ring stolen from the room of servant B. in Hotel K. Sept. 9 or 10. Uncertain whether Fl. the thief or not.

6. Police report Sept. 19, 06. Grey regimental collars stolen from doorman K. (Hotel K.) and L. between Sept. 12 – 15, 06. Not proven.

7. Police report Sept. 19, 06. Silk umbrella and buttoned shoes stolen from engineer, L., from Leipzig (Hotel K.) Sept. 13, 06. Shoes were found at Fl.'s, but not the umbrella. Admits to theft of the former.

8. Police report Sept. 19, 06. A pair of black gloves stolen from Miss Anna D., daughter of the owner of Hotel K. Sept. 12, 06. Fl. admits taking them.

9. Police report Oct. 9, 06. Maid L. in Hotel K. missing clothing articles valued at 25 Mk.; objects stolen during Fl.'s period of service at the hotel. Objects found among Fl.'s things.

10. Report Oct. 2, 06. Two lottery tickets found. Fl. admits to having taken the same from her employer, the wife of G., a laborer, and to keeping them in her prayer book.

Order for her arrest, Oct. 27, 06.

Fl repeatedly changed her job and address; probable flight risk. Stole a pair of gloves valued at 6 Mk. in H. Aug. 27, 06.

Assessment:

To the prosecuting attorney of the Imperial Court, Munich, I., with the following statement of an appraisal.

Fl., who has undergone treatment at the clinic since Oct. 23, 06, suffers from profoundly pathological mood changes. In this state and under the influence of compulsive ideas, she committed the thefts listed in her file. Fl. is mentally ill; in our view this is a case of § 51 of the Civil Code. As a result of her pathological mental state, she is not able at this time to appear in court.

- signed Kraepelin

The history of this unusually instructive case is unfortunately completely fragmentary because, to begin with, I was unable to take notes at all during the psychoanalysis because I had to fear ruining pat.'s mood, and because, additionally, the psychoanalytic exploration was altogether broken off for other reasons. Thus I have reached a direct and complete conclusion for only a portion of the case study – and this part I would like to discuss first of all separately, without any connection to the totality of the pathological development, since it forms a whole in itself. The symptom of kleptomania, which comes to light here in a classic form, has been investigated completely: the drive to steal as a typical compulsion.

Precisely in this symptom and its genesis, that aspect becomes comprehensible that I pointed to at the beginning of this work and in which the real problem with Freud's theory *in nuce* appears to be summed up: the cause of primary pathological contents. Where a pathological overvaluing is limited to a psychic content in such intensity, with such precision - probably it does not seem to anyone possible for this phenomenon to be traced in unbroken causality to any characteristics of the psychic organ as such - to a disposition, to a structural disorder. The described case, to the contrary,

shows a genuinely satisfying causality in the development of the contextual symptom out of a dispurposive directive of the functions that create the content.

We understand the genesis of the symptom once we follow the developing ideas, in the sense of the patient history – holding onto the fact that for us 'ideas' are but the sign of material development in living organs!

The case history shows that the sexual life of the pat. developed under conditions that were little favorable. First of all, there was her father's gruffness – suggesting an attitude of rejection. Then later the relationship in which awakened sexuality took its course without arousal being satisfied, due to the man's apparently psychological impotence. Thus pat.'s sexual life had to fill itself with half-conscious or unconscious sexual wishes that, for her, had to possess the character of the wish to do something forbidden – to secretly do something forbidden – in her own way of expressing it. – The more strongly the pressure of the negation countered the sexual character of the new wishes, the more it was precisely the sexual element that had to be pushed out of the conscious – the more only the non-sexual part of the wishes remained in the consciousness: the wish "to do something forbidden." For this formulation, however, a different content now had to be given – a non-sexual content. To make this more exact, a quite definite psychic trauma played a role: the experience in the confession booth. "Take it in your hand" – through the priest's command, precisely this motive had to become, in itself, the center of sexual thoughts and wishes – naturally under the aspect of impotence. With the sexual character again pushed out of the conscious, only the motive remained as a content for the wish: "Secretly take something forbidden." – This motive, however, relates to the sexual only through a single connecting term: the motive of stealing. Characteristically, pat. invariably replaced the expression "stealing" with this – connecting – combination of words: "Secretly take something forbidden!" She herself consistently described her inner experience when carrying out the thefts or in the case of an external disturbance etc. in such a way one had to conclude, given her facial expression and gestures, the substitution of the sexual motive for "stealing;" she made the physiological nature of the wish clear beyond doubt with her frequently repeated, apt comparison with the sensation of thirst. – Finally, that the two motives shared a single identity was confirmed by the fact that the compulsive drive to steal partly disappeared with the first sexual experience and with her belief that she was pregnant; partly, however – in contrast to her remarks! – it disappeared together with the analytic understanding of the psychic genesis.[17] –Thus the origins of the symptom of kleptomania are unified in the content: "Secretly take something forbidden" is common to both motives, to sexual desire and

[17]Prior to analysis she had always said: "It isn't over yet – I have the feeling it will come back – I still have some of it in me" etc. -

the drive to steal; the affective energy of sexual motives that fail to reach consciousness carries over onto the motive of stealing through the connecting association, which as an idea is subject to a much lower mental resistance. Once this carry-over is firmly lodged as a content, the motive of stealing remains the definitive "symbol" for every wish for sexual satisfaction and takes on the entire affective value, the entire impulsive energy of sexuality. And this displaced affective emphasis determines the pathologically compulsive impulse.

I believe we may now be able to deal with the second general problem contained in the case we have been discussing. It reveals criteria of two types of illness that appear to be completely separate: compulsive neurosis according to Freud and manic-depressive insanity according to Kraepelin. – The case history clearly indicates how these two types express themselves,[18] but the question remains as to what characterizes the relationship of the ideogenic element to manic-depressive insanity.

I would like first to mention an apparently obvious necessity: as a preliminary to differential-diagnostic considerations, whether specific or general, the possible unity of the elements one wants to differentiate needs to be thought through to the last detail and examined. This necessity is all the more imperative when the concepts under consideration derive from different areas of ideas and directions of research, and experience, like insights gained from experience, cannot be brought to bear. In order for experiential results to be compared, a common denominator must to some extent first have been found. And this particular preliminary effort is always the real task of theory. It is the task of theory to bring experiences into agreement.

With regard to combination, differential-diagnostics encounters a problem. We generally regard a combination of symptoms of different provenance as a rare coincidence, as an exception, despite our actual experience that such combinations are probable. It remains perturbing for us to have to assume regular coincidence for heterogeneous chains of causal events. Here, however, a heuristic principle has been found that leads to a change in scientific thinking: the compensation theory of Anton.[19]

From clinical facts, from experimentation, Anton has found the dominant principle that nature counters all damage, especially in the central nervous system, by way of healthy parts taking over defective functions through an expansion of their regular type of function, and that such a compensation, that is, more or less a process of being rendered latent, means at the same time a reduction of the shared reserve energies of the nervous system. With that the cumulative nature of all disorders is given: every disturbance of whatever kind has the tendency to liberate,

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[18]And in addition to that, a third element, the neurotic anxiety in Freud's sense – with its typical etiology, frustrated arousal.

[19]Monatsschr. f. Psychol. und Neurol. 1906.

along with its own direct symptoms, all existing latent symptoms. Thus, for example, the symptoms of a brain infection or an hereditary anomaly or a psychic trauma that have become latent are liberated in a state of intoxication.[20] Thus latent features of endogenous illnesses are liberated through an ideogenically caused drain on cerebral reserves, and ideogenic disorders that have become latent are released through the outbreak of endogenous disturbances in cerebral balance.

In the sense of Anton's compensation theory, the combination of symptoms, even of the most heterogeneous provenance, no longer appears as an exception or coincidence; it becomes a conditional basis corresponding to actual clinical forms: every damage of whatever sort increases the probability for falling ill from all types of complexes of symptoms of any sort whatever. –

I believe this element is the key principle for explaining typical combinations of the ideogenic mechanism with Kraepelin's major types of illnesses, and in particular with manic-depressive insanity.[21]

The conception of manic-depression in Kraepelin's sense – in contrast to the narrower understanding of circular insanity – is a richly fertile ground for the problems of analytic psychiatry. It is necessary, however, to invert the usual line of inquiry in general psychiatric method here, that is to say, of individual partial causes concluded from an empirically ascertained comprehensive presentation.

I see it this way: Kraepelin's conceptualization means the awareness that all forms of pathology with a circular mechanism of mood swings prove, through their course and termination, to be a nosological unity, independently of whatever other symptoms besides the circular are present. With this awareness we gain a deeper insight into the most important partial cause of a condition that we know belongs to manic-depression. This one mechanism, through which it is determined what is typical for the type of illness – this one mechanism must be common to all states occurring in manic-depression. With this insight, the problem in analyzing such states becomes focused. We arrive at a clearer formulation of the question: which mechanisms determine differentiation in forms of manic-depression?

The one common and decisive basic mechanism is the circular: it finds its purely typical form in classical circular insanity. The pure circular psychosis comprises only a certain part of cases of manic-depression; in all other cases, still other partial causes have to be added, through which differentiation results. There are thus combinations of the circular mechanism with other mechanisms, through which the picture of pure circular psychosis is altered. – The question as to these other mechanisms is well-

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[20]Experimentally demonstrated in compensated cerebral defect following operations!

[21]A work by C. Jung – Burghölzli gives insights of unforeseeable importance with regard to ideogenic development in dementia praecox. -

founded, since through Kraepelin's conceptualization of unity we may safely assume that the circular mechanism is involved in a number of highly varied states. -

The circular mechanism is not capable *per se* of leading to manic-depressive mixed states. Triads of manic and depressive primary symptoms are surely not incidental groupings but the necessarily homogeneous expression of unified foundations. Disintegration of this unity is inconceivable, as long as the pathological mechanism controls the entire psychic complex of functions as a homogeneous unit. Only when the homogeneity of the functional totality as such is dissolved, can a paradoxical combination of primary symptoms emerge – assuming the combination of particular mechanisms not contained in the purely circular type. Manic-depressive mixed states rest, to begin with, on the combination of the general circular basic mechanism with some other mechanisms of a different origin.

For every type of typical combination only tangible basis is Anton's compensation theory. The circular mechanism, as well as the combinatory, requires compensatory activity of the entire brain and thus the use of a quantity of common reserves of energy. Thus in most cases the individual mechanism alone is rendered latent. But if the shared reserve of cerebral energy is exhausted, due to summation of heterogeneously originating pathological mechanisms, then old and new mechanisms are simultaneously manifested. Then the psychosis appears as a modification of the circular, that is to say, as a combined one. –

So far as I can see, the modifying energies in manic-depression are, in practice, exclusively ideogenic in nature.[22] We are dealing therefore in practice with the addition of ideogenic mechanisms to the circular. I believe that this addition is achieved by and large in two main types:

1. The exhaustion of the reserve of neural energy through an ideogenic illness frees the latent circular mechanism – for the outbreak of the illness in its entirety as well as for an individual period. –

2. The endogenous outbreak of a circular phase frees ideogenic symptoms that have become latent – especially in the sense of a suspension of certain special compensations.

The circular mechanism in itself is apparently something generally preformed; it apparently stands in a close relation to the type of the adaptive reaction.[23] It means, so to speak, a lasting determination of typical phases: inhibition with concentration and vital heightening with acceleration. At the same time, it is established through general physiological principles that the transition from depression to the norm must pass through a state of pleasure [*Lust*] with its related mechanistic changes. Parallel to general

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[22]That the so-called "degenerative" traits are in reality complexes of symptoms is irrefutably clear in Jung, *l. c.*

[23]See above!

biological preformation, introspective-psychological processes also correspond to the same basic mechanism. I recall here the typical chain of moods in hysterical intoxication: a vaguely depressive excitation, an increase that ultimately brings about alcohol consumption, which acts as a trigger; pent-up energy toxically abreacted in an orgy of uncontrolled motion; sense of relief as a reaction to the breakthrough of inner tension, with expansive-euphoric expression of mood. Here the typical change in mood is perceived as a necessary consequence of psychological mechanics – and still it seems to me that precisely here it becomes clear how causal chains end all too soon that might otherwise aid in a purely introspective-psychological consideration. Why does a "sense of relief" mark the appearance of a certain type of psychic function? It seems to me that more is said by explaining a mood swing [*Stimmungsumschwung*] as an expression of the general biological principle that we have subsumed under reactions to extraordinary stimuli.

I believe that the circular mechanism, as the alternation of inhibition and acceleration, must stand in the closest possible relationship to the phases typical of adaptive reactions. The circular mechanism thus appears as a fundamentally biologically principle. On this basis we can construct three possibilities for the relationship of the circular mechanism to pathological events:

1. The circular principle is quantitatively increased and thus forms an – inherent! – disposition for manic-depression.

2. The circular principle is qualitatively modified. We have to assume that there might be qualitative anomalies that would mean an – inherent – disposition for manic-depression – somewhat in the sense of prolonged persistence of typical phases. – In practice, this distinction is without meaning at present; all primary anomalies of circular principles expressed as manic-depression necessarily occur only as pure circular psychoses.

3. The circular mechanism is activated as a normal reaction of the organism to other types of pathological processes. In its simplest form this is a mood reaction in pathological intoxication. In a more complex form, the same principle regulates mood reaction to lasting stimuli - the disintegration of a mood into typical phases, each individual cycle of which essentially correlates with the principle of the adaptive reaction. Additionally, however, the cycle repeats itself. – Mood reaction to lasting painful contents of the conscious suggests circular periodicity in everyone, most highly perfected, however, in the brilliant individual, who gives over self to pain only to again rise above it, driven to a joyous height, with a swell of energy before the pain that has been dammed up again overwhelmingly changes to uninhibited depression. – The circular alternation of phases expresses a biological response to biological conditions. As long as it is only the complexes of affect that retain a capacity for being conscious, the relation of affectivity to the content in the conscious remains intact; in each

phase, moods remain psychologically motivated. This draws a decidedly fine line between rhythm in intensely experienced inner moods and in manic-depression. The line is crossed once repressed pathogenic material supplants material that is capable of being conscious. When unconscious elements dominate the mood and its swing, introspective-psychological motivation of affective capacity vanishes; and circular phases appear as primary disorders of affective capacity – naturally combined with basic pathological symptoms that are ideogenic. These processes do not shift to pathological through the reaction of the circular principle, but rather through the pathogenic character of the causal ideogenic factors. – I have come to think that precisely the healthy nervous system must react to depressing ideogenic factors with at least a hint of manic-depressive periodicity. – Only in this area do the borders of manic-depression become porous, clearly in the direction of ideogenic neuroses: purely quantitatively the predominance of the circular mechanism becomes here the decisive differential-diagnostic criterion. –

We can now create a list of the different possibilities for the occurrence of manic-depressive periodicity:

1. The circular principle inherently contains an endogenously expressed anomaly – increase or modification? – Simple circular psychosis.

2. As a latent disposition, a compensated inherent anomaly of the circular principle is manifested in a second process, which generally exhausts the compensatory energy of the nervous system – in practice, ideogenic mechanisms are added. - Complex forms of manic-depression.

3. In an endogenous outbreak, the circular phases employ generally compensatory energy and thus free latent ideogenic symptoms. - Complex forms of manic-depression.

4. Manic-depressive periodicity is stamped on a primarily ideogenic illness through a normal reaction of a naturally healthy organism. - Complex forms of manic-depression.

Holding on to what has been said, the term manic-depression is a sum of different combinations in which the one common aspect, the circular mechanism, is variously expressed in regard to genesis and dynamic. In one case, it leads, as a constitutionally hypertrophic functional principle, to endogenous illness; in another case, as a normal reactive principle of the nervous system, it puts the stamp of the manic-depressive rhythm on an ideogenically acquired, that is to say, totally different primary illness. In between lies the real representative type of manic-depression: the manifestation of a latent hypertrophy of the circular mechanism through the addition of ideogenic processes.

It has been my impression that experience with the material necessarily leads to the above constructions when, in infinitely changing pictures of manic-depression, one pays attention to ideogenic mechanisms. Following this thread, one comes first to the most varied differences of pathogenesis

and structure and the particularly surprising result that the circular mechanism occupies the entire range from the role of a primarily pathogenic factor to the role of a normal reaction to other pathogenic factors and that the major part of cases occur through a combination of two totally different etiological elements. –

With that, however, one also encounters one of the profound problems with which the study of Kraepelin's diagnostic unities is so extraordinarily rich: What accounts for the fact that the changing states of manic-depression – varied as they are with regard to symptoms - have so many common characteristics in their progress and termination that they must all be considered as a clinical unit?

This is the way of formulating the problem again that we discussed earlier - following Kraepelin. From an analytical perspective, establishing a clinical unity means a common cause. In our case, that means: All psychoses of whatever type, in which circular rhythms of mood are manifested, share a common, unknown element, through which the specific course and outcome of manic-depression is given.

Keeping in mind all that has been said, we have to say: the unknown common element is not identical with a capacity that exists for a circular mechanism – since this capacity is apparently not a generally biological one and for a certain category of cases circular rhythm is a normal reaction! – but rather it is identical with a more profound principle, for which, by positing manic-depression as a clinical unity, we recognize two specific effects: it allows the circular type of reaction, and it guarantees a typical course and outcome for manic-depression.

Here our considerations meet with obscurely fundamental biological problems. –

From biological research, the principle emerges everywhere, in increasing clarity, that regulation is achieved, optimally, through the antagonistic play of two tendencies of energy that are juxtaposed to one another – one might say, a principle of biological polarity. – As long as these two antagonistic forces are continuouslly biologically balanced, the regulated system functions intactly. If one of the antagonistic tendencies increasingly and, finally, definitively gains the upper hand, then this has to mean a progressively pathological process with a terminal state of defect. And finally as well, a third permanent form is possible– temporary disturbances of balance are not in question here! – the antagonistic forces are proportionately unchanged, only the mechanism of their interaction is disturbed; the antagonistic balance is maintained on the whole no longer as a continuity but through an alternating succession of phases in which now the one now the other of the two antagonistic tendencies gains the upper hand. A system thus impaired is forever subject to alternating periodicity but retains immunity against progression and defect.

The dominating system in psychic life is the great antagonistic mechanism of acceleration and inhibition – of the yes and the no, of pleasure and pain. And so dominant is the regulatory force of this affective system that as long as even only the antagonistic balance of the mechanisms of pleasure and pain is maintained, the psychic organism in its totality cannot lastingly lose its balance. –

In this sense, the circular mechanism means a biological expression of processes through which interaction of the great antagonistic regulators is lastingly changed; in its reciprocal relationship of energy, the mechanism itself, however, remains intact. Through any kind of change whatsoever in antagonistic interaction, that is to say, in continual regulatory balance, the swinging balance of alternating periodicity must repeatedly be created. – I believe there are qualities of stimuli for which such a change in antagonistic interaction comes about as a purposive, preformed reaction of the healthy organism to a pathogenic stimulus; but for a number of other cases, the same element of antagonistic interaction is changed primarily through an inherent anomaly; and, finally, in the great majority of cases, the congenital anomaly manifests as an ideogenic pathology, characterized by a drain on the available sum of compensatory energy. – However, as much as these genetic possibilities differ in principle, the clinical expression of this difference is limited to the ideogenic component and its presence or absence in the picture of the illness. The circular mechanism itself is always the same – and with it, the totality of the illness in its progression and outcome.

I believe that one can in this way also clearly explain to what degree the etiology of manic-depression can be viewed as something uniform. – I recall Alzheimer's presentation, which elegantly made a basic distinction: the symptomatological picture depends on the localization, progression and outcome on the type of pathological process. This is easily understandable for the categories of illnesses to which Alzheimer refers; in our case, we are dealing with something different. We are dealing with one of the most highly situated and subtlest types of illnesses - significant as disorders of the highest supra-regulatory principles. In these cases, however, the type and course and outcome are determined above all by which mechanism is disturbed – because these mechanisms do not depend on the cerebral event but rather they are the decisive regulators governing all individual mechanisms. In this sense, the type of the pathological process would to some extent depend on the subtlest sort of functional localization conceivable, which might correlate with Alzheimer's "type of process" in regard to clinical significance but not spatial localization. – In manic-depression, the starting point is change in the principle of regulation through which interaction of the antagonistic mechanisms of affectivity is regulated. In the sense of this functional localization, manic-depression appears as a clinical unity: it is the typical and sole expression of swinging balance in the antagonism of the great

mechanisms of pleasure and pain. Thus manic-depression is defined by an a-typical regulatory mechanism for affectivity and, indeed, not merely for simple affectivity, but also – which is essential! – for what is co-determined by unconscious pathogenic material. Where this is the case, complex forms of manic-depression result.

Between the circular mechanism and ideogenic factors a reciprocal effect occurs in all cases, according to certain general principles. As far as I can see, some main types can be determined:

1. Given ideogenic factors, the circular mechanism divides affectivity into corresponding periodic phases.

2. Individual symptoms of ideogenic pathology adapt to periodic phases so that they are now alternately more in the foreground, now more obscured, depending on the correlation of their affective content to the currently dominating circular mood. Thus, for example, compulsive ideas with depressing content, persecutory ideas, etc. emerge in depressive phases, symbolic wish fulfillment, for example, ideas of grandeur, in the manic.

3. In contrast to these obvious and general modifications of ideogenic symptoms through the circular mechanism – to the direct consequences of the biological meaning of the circular principle – we have the much more complex type of a shaping of the circular event through ideogenic processes. I consider this type to be the basis for the foundation of manic-depressive "mixed states."[24]

Earlier I noted that elementary symptoms of individual phases are the expression of basic unifying causes. However, it is an empirically determined fact that they may still mix. As far as I can see, these mixed states regularly appear as the expression of a psychic split [*Spaltung*], existing alongside the circular mechanism.

With that I mean that it must be the indispensable precondition for these mixed states that split-off psychic complexes [*abgespaltene psychische Komplexe*] exist that have made themselves independent both of total psychic functioning and its highest regulation, to the extent that they are not affected by circular changes of phases. When this is the case, the ideogenic complex with its heterogeneous functional behavior is juxtaposed to the remainder of the psyche in its current manic or depressive type of function and prevents the formation of a uniformly homogeneous total attitude. – I can explain to myself, for example, the condition of a "blocked mania" exclusively through the inhibitory effect of an isolated complex that has become independent of the periodicity of psychic function. It correlates with experience of typical effects of complexes to assume in such cases that the complex blocks motility, but that other functions follow the

[24]Cf. above!

circular type and enter a manic stage.[25] – Particularly successful in this sense is the construct of characteristically dreamlike or mindless conditions in blocked mania. As far as I can see, this type of mood is a phenomenal form essential to blocked euphoria.

A different form of mixed states may be similarly explained through split conscious and the effect of complexes. As a type Kraepelin has characterized it in this way: "In the usual picture of depression, the blocking of thought can be replaced by flight of ideas." – If biologically one considers the affective mental states to be the expression of a total attitude to certain categories of reactions and functions – then it is no longer possible to consider this sort of combination as something primarily given – then one is forced to assume that here a phase of circular mental illness is altered by a third aspect, that is to say, by a split-off complex. So far as I have been able to observe such conditions - or the relatively frequent suggestions of such conditions - precisely the symptoms of complexes appear to be quite pronounced. This is a matter of a depressive phase interfering with the characteristic state of mind in which a repressed complex makes itself felt through inner unrest, through that strange sensation of being driven and obsessed with finding some sort of change, through compulsive soul-searching. In such cases, depressive blocking of thoughts can be more or less obscured by ideogenic compulsive thinking– more precisely, by the obsessive search for repressed contents.[26] With that, a very characteristic feature of these effects of complexes comes particularly to the fore: the more that so-called conscious attention approaches the area of the complex, the more the blocking through a split [*sejunktiv*] naturally increases; the conscious function bypasses the area of the complex – then the psychic contents of the sphere of the complex are correspondingly more free; and their secondary function, which now goes into effect, exerts its influence on conscious events, produces thoughts and ideas that are all the more strange, all the more curious, the more the conscious activity has meanwhile distanced itself from the area of the complex. – It is in this sense that the patient's data described by Kraepelin have to be explained: "that a lot of things were always coming to mind that she would never have thought about before." – So far as I was able to pursue such data, it was always a matter of this sort of injection, of interruptions in the flow of thoughts by way of shifts in the unconscious – of interruptions that the patient herself complained "that she was not able to hold onto her thoughts at all,"[27] but which cannot be essentially distinguished from the aberration of genuine flight of ideas – assuming that

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[25] I note that Fritz Hartmann customarily refers in his lectures to the difference in the tempo of individual functions as a particularly pathogenic factor, that is to say, to the aspect of relative acceleration of blocking of an individual function.

[26] Cf. the obsessive search for missing names! See Freud, *Pathologie des Alltagslebens.*

[27] Kraepelin, *l. c.* – See the patient history above.

we mean flight of ideas in the narrower sense of a simple expression of an insufficient secondary function. The inconstancy of the course of thought externally determined by the complex has some important phenomenal forms in common with flight of ideas: inability to hold onto thoughts, rush of thoughts that do not belong to the topic, rapid change in content, the end result of "distraction." All this naturally brings the patient himself to descriptions that might just as easily correspond to a real flight of ideas. As a distinguishing criterion, it may perhaps be assumed that flight of ideas is not felt subjectively as painful, that flight of ideas may not be complained of at all. – The more such an effect of complexes is felt, the more it must cross and obscure the typical course of thought in pure depression. Thus through the effect of interference by heterogeneous elements, an elementary symptom of the circular phase may appear to be substituted by a different one, by a symptom of the opposite phase.

In this sense, true mixed states unfold as interference phenomena developing out of a contrast in the total attitude of isolated connections. Alongside these mixed states in the narrower sense, there now exists a different, genetically simpler form which can only be called a "mixed state" in a broader sense, which may be most easily traced to the circular mechanism itself – more precisely, from the direction of the regulating functions with regard to the circular mechanism. The disturbance of the interaction of the antagonistic mechanisms – through which circular periodicity further differentiates itself! – must first appear in simple outbreaks - not divided into periods of any permanence, but continually driven apart – a type that includes a wide range, from conditions of simple moodiness to seriously psychotic mood phases, characterized by brief outbreaks of manic and depressive states of extreme affective reactivity to external stimul that, again, understood in their totality, present types of mixed states. – These are principally the stages through which every manic-depression, both as a total pathology and in individual phases, has to pass, from the start on up to the resulting stylized typical phases. One finds these transitional forms especially in cases of lesser or least severity – the cyclothemias of Willmanns – with the more severe ones having a permanent form. – I believe that aside from this one type all mixed states are determined by ideogenic complication.

All the not directly circular symptoms in manic-depression are ideogenic; it is the ideogenic complication that creates the enormous richness of types in the framework of the main category. And, on the other hand: the more one attempts to psychoanalytically investigate manic-depressive states as such, the more the interfering principles end up divided into complicated and a-typical states, each re-created in itself, and the more clearly the circular mechanism emerges from behind all other phenomenal forms as the common basic motive that determines clinical unity.

ON THE INFERIORITY COMPLEXES

Introduction

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In the area in focus here, there exist no defined, fixed, clinical categories, but rather a wealth of symptoms of the most varied, frequently diametrically opposed types and directions: not a unified etiology, but a combination of the most heterogeneous etiological factors is presumably typical. The paucity of definite nosological categories precludes our drawing on generally valid basic terms: a distracting wealth of extremely heterogeneous symptoms precludes an overview of possible phenomenological forms. Indispensable in clinical practice, this entirely porous complex flows over both into the area of normality and into that of psychosis, and in its inevitable opacity leaves the individual investigator a wide berth.

To this is added the problem that the studies of S. Freud in recent years have dealt with a broadly significant area of psychopathology with little known and relatively unrecognized results. In my application of this work I have found it significant; following Freud's discoveries, entangled combinations of phenomena that resist explication offer such tangible possibility for unified explanation that my presentation rests, in this considerable way, on Freud's groundwork.

As I have strived to present an inner connection of vast complexes of phenomena, I have frequently found myself obliged to refer to my own work. In both directions I have deviated from the custom, for works of a synthesizing nature, of building only on generally recognized foundations that to some extent stand above the fray. The need is there for drawing on everything that will help us deduce large groups of symptoms with unified causality and also for introducing an overview into the presentation of the individual phenomena.

I have put an overview, a collection of large groups of phenomena with common causal principles, above all other considerations, taking recourse to

the literature only as immediately necessary for my own aims of presentation, and giving more consideration to an inner – even if hypothetical – logic and to general criteria than to the description of symptoms. To me, this seemingly counter-productive necessity presented itself in the particular nature of the material: symptoms of the degenerate and disequilibrious encompass, qualitatively speaking, virtually all possible combinations – virtually each new case brings its own individual form and its own exceptional surprises, brings new features for which no parallel is to be found among current descriptions of symptoms. And if a presentation of the phenomena were in fact able to cover all the real possibilities, then the impression of endless uncertainty and confusion would be the result. I have therefore attempted in the first place an insight into general principles, into the origin and effect of the main contributing forces – and I believe that such an insight can only be achieved in a structural overview, by reconsidering complex abstractions.

I have therefore built, to begin with, on my own reflections and, in this framework, have discussed concrete phenomena that can be gathered, as typical types, into representative categories. I emphasize the representation of category as etiological or clinical: the suggestion should be avoided here that all the possibilities offered by the material might be present in the types that are discussed. The area in question is too uncharted, too fraught with problems, as yet too unfamiliar in its basic principles for one to do more than attempt to lift out of the broad mass some individual, more clearly differentiated complexes that are relatively simpler in their structure and more obvious. What is conveyed here in this way or what is attempted are beginnings: the problem is one of finding and establishing new mechanisms. I have limited myself in larger complexes therefore to describing what I find to be analyzable and distinguishable: I believe that the presentations - coherent in themselves, even if the inner connection is hypothetically established - offer potential approaches to the problems of the material and avoid confusing and contradictory individual data.

I have developed my material to include all intermediate psychopathic forms, which, on the one hand, extend without clear parameters into the normal, and, on the other hand, merge with the truly psychotic and qualitatively cannot be ascribed to any specific nosological and etiological category. At the same time, I have not gone into the symptoms of specific neuroses and psychoses that are occasionally to be found in more or less reduced intensity as complications of intermediate psychopathic forms, for example, the hysterical, epileptic, neurasthenic, and hebephrenic forms. Somatically indicative degeneration also will not be considered here.

I have, on the other hand, made an effort to consider in broad scope that area of normal psychic events that borders on psychopathic phenomena of degeneration and imbalance – above all in the area where less familiar ideogenic processes are at work. –

I have not applied specifically forensic criteria, because in this essentially limitless area it is not possible to draw distinctly divisional lines. Here as well, I have given precedence to general perspectives, for example, to a discussion of general racial and socio-biological aspects of degeneration.

Chapter I

Overview and terminology.
Splitting, indirect and direct.
Inherent and acquired causes.
Heredity and ideogeneity.

The considerations leading here to the formation of the groups in question are primarily of a practical nature. One needs a handy grouping of all the permanent states that belong neither to actual psychoses, nor to specific clinically defined neuroses, nor to dementia, but that determine more or less analogous, general anomalies of individual and social biological behavior.

As collective expressions for all the forms that belong here one finds the terms "inferiority complexes" [*psychopathische Minderwertigkeiten*], "psychopathy," or "psychopaths."[1] The choice of other terms – "hereditarians," "degenerates," "imbalanced" - depends on finer gradations of etiology and condition. We want to hold on to the fact that with the expression, "degenerates," a preponderance of inherited [*angeboren*] anomalies is referred to and with the expression, "imbalanced," a preponderance of acquired anomalies.

We use these terms where intermediate levels between areas of normality and psychoses are concerned, as well as where inclusion in certain nosological categories is impossible. Epilepsy and hysteria, for example, may lead to permanent conditions that have to be regarded at levels between norm and psychosis; but in that case we do not speak of inferiority complexes, but of epilepsy and hysteria, or epileptic and hysterical depravity. The same is true of impaired psychic states due to chronic intoxication, especially alcohol; we note their similarity to other psychopathic intermediate levels, but we subsume them under familiar and fixed nosological complexes of alcoholism, etc. Similarly, pathological alterations of personality [*Charakter*] in connection with brain injury belong not in the category of inferiority complexes but in that of (genuine) traumatic neurosis. The same relationship is true, finally, for initial stages or secondary states of impair-

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[1]Dr. J. A. Koch: *Die psychopathischen Minderwertigkeiten*, Ravensburg, Otto Maier, 1891. – This excellent book is referred to above all for its extensive, brilliantly clear symptomatology and recommended to the practitioner especially for its wealth of observations.

ment in truly serious psychoses, in paralysis or dementia praecox, etc. These intermediate stages fall under the relevant main groups. –

Subtracting all the forms that, given their particular basis, belong to certain types of illnesses, a composite of conditions of the inferiority complexes remains that is of concern to us here.

In attempting to discover some sort of inner common factor among all these forms that are actually in a sort of category of residuals, we have to fall back on certain general, basic factors of pathological behavior.

Above all, I would like here to recall an aspect that appears to me to be generally biological: the pooling of defensive regulatory functions of the organism in an antagonism of forces that are opposed to one another in the tendency of their effect. In this system for regulating self-defense through antagonism, the one means is the compensatory disaggregation [*Zerteilung*] of the functional disorder created by circumscript damage and its dissolution in general phenomena (**Anton**); the other means, which is opposed to it, is referred to here as a "containment tendency" and will be discussed in more detail in the following.

Modern pathology has taught us to understand the nature of illness by way of the concept of a struggle between organism and insult [*Noxe* - injury, damage, LLM]. The relationship is clearest in infectious diseases, where the term "struggle" [*Kampf*] is more than merely illustrative. The organism reacts at first through general phenomena; it reacts to the insult with solidarity. In a second phase, we see the organism striving to localize the damage in some way, whether at a specific site or whether in terms of a specific quality of effect. In the third stage, when the organism has been overwhelmed by the insult, generalized phenomena once again appear.

This same succession of events applies in the idealized course of a psychosis: the organism reacts solidarily to the insult with generalized, vague symptoms, differentiating specific pathological mechanisms that are more or less restricted in the area they affect, overcoming both resistance and universal disintegration.

Of course, these stages express themselves differently in acute psychoses than they do in chronic ones. More or less clearly in both cases, a state of greater "extensity" of the symptoms is distinguished from the specific character of the psychosis in later stages. Anyone who has the opportunity to observe an incipient mental illness in someone they knew as normal will find this aspect particularly plain to see.

One first notices a vague "seeming different" in the individual on the whole and in all aspects of his nature - numerous odd things of the most varied, contradictory sort; further, a colorful assortment of individual psychotic symptoms combined in every possible way - partly so minimal that they are only noticeable to someone familiar with the normal behavior of

the individual in question. At this stage it is impossible to make a diagnosis other than that of a globally psychotic change. Then a particular complex of symptoms begins to take shape and grows in intensity as others regress. Gradually, a more or less typical psychosis differentiates itself out of the chaos of symptoms. In all such as yet undifferentiated initial stages, with their very uniform character across the most varied basic processes, the reaction of solidarity of the psychic organism to the given moment is only apparent in that there is **at all** an insult.

How such a reaction of solidarity occurs – precisely on that question new light is shed by Anton's[2] ideas, which promise - in the most comprehensive scope - new directions. –

We learn from Anton to understand a tendency toward self-protection for which the central nervous system appears more or less "differentiated out" and which is opposed to the "tendency toward containment." This second tendency to self-defense lies in the principle of compensation, in the particular nature of compensatory processes in the central nervous system. Anton explores the fundamental features of this compensation: the loss of or lessening of the function of a part of the brain is covered by the function being taken over by other parts of the brain and, in fact, more or less by the whole brain; the parts of the brain that are drawn on for compensation undergo a reconfiguration of their actual normal function, through which "a general alteration of brain function, a new type of brain, may be created;" "these compensatory acts, however, ... are at the expense of other functions; other parts of the brain become more excitable, perhaps also more easily fatigued" - a "**general alteration of the total function**" takes place.

Because of the extraordinary bearing that these phenomena have on our problem, I quote at length from Anton's classic presentation: "So it became evident that the loss resulting in a localized brain disorder can be compensated by other parts of the brain undergoing a shift. The functional plan of the entire brain, the physiognomy of the entire brain function is altered, however, through this adaptive activity ....

The medical diagnosis thus also frequently sees in general alterations of total function the effects of infection.

What are apparently vague symptoms thus acquire diagnostic value: increased fatigue, more strain, slowing of psychic activity, pain associated with psychic activity. It is probable that pathologically periodic vacillations in cortical activity are both determined by and accompany infectious disease. Not merely qualitative, but also quantitative changes in brain function may be

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[2]Ueber den Wiederersatz der Funktion bei Erkrankungen des Großhirnes. *Monatsschr. f. Psych. u. Neurol.*, 1906, XIX, 1.

traced to such prior events, that is to say, to the utilization of reserve energy for the sake of compensation."

I would like to note particularly that, as Anton points out, the principles of compensation figuring in infectious disease are altogether fundamental laws of general neural regulation: "this type of activity also has a fundamental significance in the area of psychology."

Thus, general psychic changes in conjunction with infection are explained by the compensatory demand on the entire cerebrum and the restructuring of its functions: "Such general changes in the type of function are demonstrated also in compensating infectious disease. Particularly evident, again, are symptoms of increased stress and more easily generated fatigue; affective reactions and affective self-regulation are often permanently altered."

In the comprehensive view that Anton rolls out for us, we see these same fundamental principles at work in the way that individual psychic functions relate to each other: in the totality of psychic functions we see a tight group of functions taking over from and thus relieving each other, and everywhere we see the same general tendency of a circumscriptly excessive strain spreading over the entire area of psychic events, dissolving every **circumscript** functional disorder **into vaguely generalized phenomena**. Following Anton, we see this tendency as a general principle spanning neural activity, both in its entirety and in its pathological alterations.

And so in this comprehensive principle and in the one opposing it – as a generally antagonistic pair of forces [*antagonistisches Kräftepaar*] - groups of regulations form: compensation - which is aimed at disintegrating and dissolving individual symptoms into general phenomena - and the containment tendency, which works toward the specialization and circumscription of the pathological phenomena.

In the directions they take and in their being bound together reciprocally, these regulative functions consistently spell disorders of a principle of a still far more comprehensive principle of biological causality. I recall here my construction of typical phases out of which the principle reactions altogether of organisms to an extraordinary stimulus develop. The immediate effect of such a reaction – here, that is to say, to an **insult** - is the cessation of regular activity, concentration on the perceived stimulus, and the regression [*Zurückversetzung*] of all functions to a more general form of activity common to an embryonic or infantile level of development. Here the **compensatory** shaping of functions in Anton's sense sets in, and the change that has been fixed is more or less rendered completely latent. At the same time, however, an inner selection, a rivalry of liberated functional qualities, works toward a new differentiation: out of this second biological principle, the second tendency of self-defense emerges, the **force of containment**. In its pathological variation, it determines the

selective differentiation of the new balance as the limiting of pathological phenomena to individual, more precisely contoured pathological types and mechanisms.

With that, three degrees of noxious effect emerge: 1. complete latency through compensation; 2. latency of immediate disorders of affects, together with the most widely varied general disorders, which are based on compensatory overexertion; and 3. additionally, a remainder, consisting of extremely varied basic disorders, which then are particularly differentiated, formed, and circumscribed by the forces of containment. –

And this construction parallels the facts of experience. What is truly characteristic for inferiority complexes is the mixture of symptoms, the simple accumulation of disturbances of purposiveness, from behind which there emerges no unified pathological mechanism, but which take virtually any direction. This general disorder, elaborately configured in a chaos of pathological developments, reproduces what is common within the phenomenal realm of the inferiority complexes as a clinical expression of the so-called "psychopathic constitution."

Against this common background, specific forms of inferiority complex emerge. And the more clearly these are differentiated, the more the general background fades.

In our discussion, we will deal first of all with forms that indicate a more or less specific mechanism, emphasizing them as representative types. A chaos of undifferentiated forms emerges as a common background for the extensive effects of the psychopathic constitution. We must remember also that pure types, which are subject to only one or more specific mechanisms, are relatively rare, and to emphasize them always entails a simplification of reality.

We thus see that we may not hope to discover clinical-nosological commonalities of the inferiority complexes that would apply to all of them and, indeed, only to them. We see, however, that the same forces are at work qualitatively in the intermediate forms as are active altogether in psychotic activity. From Wernicke's enduring theory of the apect of a **split** [*Sejunktion*] we recognize what is common and essential to all psychopathological processes. It is **processes of splitting** that we have to deal with as fundamental both to the inferiority complexes and to actual psychoses. By practical division into groups we only negatively achieve specifically exclusive criteria. We cannot expect, namely, to be dealing with coarsely interrupted continuity in conductive pathways, because this signifies more severe forms than our groups will accommodate. We can only assume the finest, subtlest, most supremely situated forms of impeding associations, forms bordering on true psychosis and, on the other hand, on the normal, without clear dividing lines.

And this precondition is filled by two categories, which we distinguish here at the start in order to return to the distinction later on. Either it is a

matter of changes in the highest and most general principles of regulations – that is to say, quantitative changes – that block the materialization of the ultimate, highest integrity and unity of the psychic personality. Or, on the other hand, it is a matter of processes through which the dissolution of certain associative connections is brought about – but here again only such processes that connect in a continuous chain to the processes of normal mental life.

This is a fundamental distinction. Changes in general principles of psychic activity lead by way of a detour of altered association and apposition to a split state of the psychic personality in its totality, and in that, they stand in contrast to primary disorders of specific connections. We want to contrast these two opposing forms as indirect and direct splitting.

And this distinction corresponds at the same time - we should say, to begin with - to the major etiological categories. The disturbances of general principles of function are the hereditary; the primary immediate dissolutions of certain connections are the acquired alterations. -

With that our material divides into two major segments: the element of indirect splitting is simultaneously the element of hereditary, and the element of direct splitting is simultaneously the element of acquired disorders. Staying in the framework of this bi-fold division, we begin with the principles of etiology, first with the problems of **heredity**.

Two possibilities of hereditary impairment must be theoretically distinguished: on the one hand, exogenously caused damage such as dyscrasia or chronic intoxications (tuberculosis, syphillis, alcoholism) and, on the other hand, effects of "negative selection" that find their expression in evolution in the emergence of endogenous anomalies. - One might consider a use of terms in which "genetically stressed or hereditary" refers to the influence of heredity in general, while the expression "degenerate" emphasizes effects of "negative selection" in particular. At this point, however, we are not concerned with such finer distinctions; the expression "degenerate" refers to what is completely or mostly hereditary in the anomalies.

The hereditary aspect is thus a complex of theoretically differentiated etiological influences, and its effect on the total constitution is generally unified, but its variations have an indefinite effect on the entire constitution. And this, again, is understandable through Anton's theory of compensation: we are able to observe general symptoms that follow compensated defects – psychopathic constitutions - on the one hand, and, on the other hand, certain individual, particularly differentiated mechanisms, as the end results of the work of 'containment.' Where primary effects of disorders have become latent and are compensatorily dissolved into general phenomena, the nature and type of the insult ino longer influence symptoms. But where typical mechanisms are in the foreground, the genetic question of typical anomalies arises - the question of an aspect of pathogenic selection. This depends on comprehensive study of the conditions of human

selection, given the biology of race and culture, sociology, and history - a study enthusiastically underway and in most capable hands.[3] I believe it is clearest in these words from Anton how we need to conceptualize the problem:

> Rüdinger's law - a brain region acquires its development proportionate to the degree of the activity it unfolds – glows like the dawn of a rosy future for the human mind. The problem, however, is neither rosy nor simple; increase in the activity of individual areas of the brain is typically the result, not the cause of well-developed individual lobes of the brain - because they are well developed, they do extensive work; and, when already present in advance, these individual characteristics find their origin in the much-discussed problematics of organic and genetic nature.
>
> We have a general capacity for translating our capacities into the best possible functioning; in no way, however, is the individual given the power to structurally increase these capacities. Despite that, the question that von Wettstein asked in a neo-Lamarckian sense in specific regard to plants must be earnestly raised with regard to the brain as an organ: whether (acquired) changes stem from the organ itself and the function is the result of this change, or whether the function itself correspondingly alters the organ, a transformation that is inherited and thus over the course of generations produces new types, new species. Not the current changes and disorders are inherited, but those alterations of the whole organism with which it reacts to lasting or sustained external impacts.
>
> In human pathology, a completely unanticipated reaction to poison and infection has been proven with regard to blood, leading to immunization. It has become plausible that such adaptive reactions re-occur in the second generation. Now the total nervous system shows differentiated capacity for adapting to changing conditions of life. As we have seen, there is also an eminent adaptation to pathological effects, a reaction capable of altering the functional type of the whole nervous system. There can be no discussion of inheritance of the pathological disorder itself, but the possibility must be weighed that those changes are passed along genetically that emerge through adaptation to pathological disorder.
>
> From what has been said, it appears that in genetic transmission [*bei der hereditären Übertragung*] of individually typical mechanisms there can also be no discussion whatever of inheritance of particular circumscript connec-

[3]"Politisch-anthropologische Revue" etc. Thuringia Press, established by Ludwig Woltmann.

tions, particularly of inheritance of normal or pathological conscious contents. The problem of heredity is limited therefore to the question of inherited alterations of certain qualities of conscious activity.

We best understand the nature of the latter when we preface it with a general rule: **organic** lesions cause immediate disorders in **conscious activity** and only **secondarily** do they cause changes in conscious **content.** – We will later see that the opposite is true for genuinely functional affections. – Acquired disorders in conscious activity.

Basic psycho-physiological processes of association and attention are of concern in psychoses and dementia; for the inferiority complexes it is a matter of a change in **superordinated** physiological regulators of associative activity.

With that, a problem is merely sketched again. We know little about the highest level physiological factors that govern "mental activity" or about how they work. We know little about the most important psychological principle of regulation – of a primary interest to us here – about the inner nature of affects. We can only say that affects are the expression of an automatically orienting mechanism that constitutionally influences events and adapts to present conditions. Changes in this mechanism are expressions of the most highly situated and subtlest disorders. They are the key element in psychoses that are not based on general disintegration and in inferiority complexes.

Even if we do not have a fundamental understanding of affects, we know that psycho-physiological regulatory principles play a role in their type, scope, and distribution and that vacillations in these regulatory factors show up as eruptions of affective life. Below, therefore, we attempt to draw out the factors of associatively governed conscious activity, their fluctuations, the consequences of these fluctuations, and the corresponding eruptions of affective life.

As I want to show, hereditary changes in conscious activity lead to affective disorders. Between all primary change and the end results in affective life, as has been suggested, stands the aspect of splitting. An indirect split is neither a coarse interruption of the paths of connectivity [*Leitungsbahnen*] nor an interruption in the pure act of association, stems from the higher regulatory factors of associative activity that influence the course of associative events in different directions, relative to the type and level of their connection but always such that, ultimately, a homogeneous personality is not possible. This is one of the two main possibilities referred to above.

The other, contrasting one was the primary direct split. Here, too, as we have noted, there is a transition involved - if the term, inferiority complex, is not to evaporate - that has no definite border to the normal. This is true of only a single form of direct split: the ideogenic mechanisms

explored by Freud[4] open up important categories of splitting processes and understanding for phenomena of normal mental life relative to our area of concern. –

Before we turn to Freud's discoveries themselves, however, another discovery should be mentioned which I believe needs to be considered in close relationship to the hypothesis of splitting. This is something I take from results of Wedelsky's experiments. Wedelsky undertook studies of a preparation of nerve muscle, the results of which may clarify our view of the events in the nervous system as a whole. They show us the fundamental theory that the accumulation of specific neural energy reverses from a positive effect to a negative one due to the competition of stimuli and due to the increase in their intensity beyond a certain degree[5], that is, from stimulation to blocking, from the conduction along a pathway to the blocking of a pathway.[6]

Presumably, these laws are closely related to Müller's law that with an increase in a stimulus the resulting transition from an affectively intense pleasure [*Lust*] to a charge of displeasure [*Unlust*] is closely connected with the transition from transmission of stimulus to blocking.[7]

These same facts, or similar ones at the least, undoubtedly govern psychic events, and in a continuous chain they form the source of regulatory aspects of normal mental life, as well as of processes of direct splitting.

Recalling Wernicke's memorable discussion of overvalued ideas, conscious contents emerge that are incompatible with one another due to their affective values and – as an inner conflict - splitting processes occur. Wedelsky's[8] discoveries lend a fresh focus and support to this idea. We can easily imagine that the competition of affects focused on a certain psychic content corresponds to a circumscript accumulation of neural energy and that as a result of this accumulation, neural energy is so greatly increased in a circumscript area that a reversal of transmission into blocking occurs. There is thus a blocking of certain connections – a splitting.

It is Freud's due that he explored psychological splitting mechanisms and recognized their function, significance and scope.

I have put the physiological results of Wedelsky and their relationship to the hypothesis of splitting ahead of a discussion of Freud's discoveries – I should like to say, in order to advance the physiological probability of these highly remarkable discoveries. We turn now to the empirical results of this

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[4]See Freud's works.

[5]With regard to the potential variability of the degree, cf. later in regard to Stadelmann's "capacity for fatigue."

[6]Wedelsky's results are not given in the author's words but are adapted to suit the context of our presentation.

[7]In this regard cf. Stadelmann's view; see below.

[8]Wernicke, Grundriß der Psychiatrie.

researcher, but we want, however, to draw less on his style of presentation than on our specific needs and on the connection to what has been said.

If a particular content is the object of painful inner **conflict** - the midpoint in a competition among contradictory affects - then it becomes the middle point for a **circumscript blocking** of the associative event. That means: as the wave of neural energy or, as we tend to say introspectively, the conscious, approaches this particular content, a blocking occurs in the paths of connectivity [*Leitungsbahnen*] that connect this particular content with the remaining ones. Thus this psychic content is **shut out of the conscious.**

This is for us the foremost and most consequential new fact in Freud's results: the immediate result of a split based on conflict of contents is the circumscript exclusion of a particular content from the conscious: "**repression.**"

Further: Psychic energy remains constant - in the sense that a greater accumulation of neural energy corresponds to greater intensity of affects and that, as a result, these correspond likewise to a greater use of energy through direct or indirect expression of affect, through motility or at least through intellectual activity. This is a 'release' of affective energy. Repressed complexes, however, remain untouched by this compensation; the affect variable remains unchanged and continually under correction, keeping the same level; that is to say, presumably they replenish themselves anew.[9]

And this accumulation of psychic energy or affective intensity in the blocked off complexes, which is always replenishing itself, makes these repressed contents the starting point for pathogenic effects.[10]

To better understand this, we have to return to our physiological considerations. We recall that the paths of connectivity are not coarsely interrupted, but actively blocked, that they are to some extent always closed off again and that this blocking comes about precisely through a circumscript increase in neural energy. We must conclude that blocking is activated each time that an additional influx of energy to a complex begins and that it is released when this additional influx ceases. Such an influx of energy is the process we experience introspectively as conscious focus. When this influx to the repressed complex occurs, then a split [*Sejunktion*] takes place and excludes the complex from the continuity of the conscious events; if this influx stops, however - if the conscious turns from the repressed contents, then blocking ceases, allowing energy running alongside the continuity of the

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[9]This is probably the immediate result of the blocking of the paths of conductivity, precisely in the same sense in which Wernicke spoke of an accumulation of neural energy behind an interruption of a pathway.

[10]For the categorization of the pathogenic mechanisms discovered by Freud in general biological occurrences, specifically in the biology of affective impact, see my work, *Freud's Ideogenic Factor and Its Meaning in Kraepelin's Manic-Depression*, F. C. W. Vogel, 1907.

conscious to overflow from the repressed complex onto other areas outside the continuity of the conscious. That means the ideogenic split is only related to the continuity of the conscious and not to external energy transfer. –

With the theoretical consideration we have introduced, we now understand the third fundamental theory of Freud: The "energy charge" of the repressed complex corresponding to affect variable carries over **outside the conscious** to other areas and thus leads to a pathological transfer of energy.[11]

The transfer of an energy charge from a repressed complex to another area is described by Freud as "**conversion.**" –

There is a conversion in which energy is distributed to subcortical areas in atypical ways: its expressions are the phenomena of hysteria. We need not concern ourselves with these here. The pathological transfer of energy in the intrapsychic area is of the greatest importance, however.

The basic type of this intrapsychic conversion is always that an **affect-cathexis** stemming from a repressed, that is to say, an unconscious complex carries over to a **different** content and thus this **other** complex - which is **accessible** to the conscious - is lent a pathologically heightened excitability, a particular significance that more or less changes the psychic balance. –

The allocation of this energy shift in affect follows – in intra-psychic conversion – the **same** principles under which psycho-physiological energy transfer is subsumed altogether: it occurs along established paths of association.

In this meaning of associative pathways being routed [*gebahnt*] **by the function** as the **pre-formed** connections for the extra-conscious pathogenic transfer of energy lies what is characteristic, peculiar, different in the pathological processes that Freud scientifically investigated. What occurs at the blocked [*abgesperrten*] complexes - always outside the continuity of the conscious – is in a certain sense **in agreement with** the usual events in psycho-physiological functioning. Like normal conscious contents, blocked [*ausgesperrt*] ones transmit stimulating - and also inhibiting - energy, distributing it according to the same laws of association, transfering quantities and qualities of affects, etc.[12] Through these processes, the various repressed complexes enter into contact with one another. A more or less unconscious material develops. In this unconscious material, further, events occur that are, both in their type and their effects, completely

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[11]The transfer of energy of the complexes that goes on outside the conscious appears to correspond to an unblocked **secondary function** only of those psychic contents that are blocked from entrance into conscious associative chains. See my *Cerebral Secondary Function*, Leipzig, F. C. W. Vogel, 1904.

[12]Even if in other conditions – above all in a more intense participation of flat, particularly verbal associations, etc.

analogous to conscious events – even if certain qualities of normal psychic functions find no parallel in this activity running along outside the conscious. Additionally, unconscious material works on events in the continuity of the conscious by way of functionally predetermined, that is to say, established paths of connectivity – always only then and there where the center of conscious attention does not find itself at the moment, that is to say, always externally conscious – always by indirect, obscured pathways, yet still in constant analogy and relation to normal forms of effects, both reinforcing and blocking, and thus reinforcing a complex in its intensity and excitability, drawing another to some extent down into the subconscious, lastingly or fleetingly, under complete or partial blocking. Thus an extensive, widely branching, much divided unconscious activity, the course and content of which are bound to the laws and acquisition of function, secretly shifts and disturbs conscious mental life. –

Decisively, therefore, in ideogenic processes the functioning of the brain and the pathways created through this functioning determine pathogenic complexes and events. The selection and circumscription of the primarily affected complex, the path by which affect is transferred – I should like to say, the entire subsumption of pathological change in the organism, is pre-formed, brought forward and led by psychic contents and their (established) connections, that is to say, the individually functional acquisition.

We have learned from Wernicke to divide the sum of what is psychic into two main categories: conscious activity and conscious content. Qualities of conscious activity are preformed in the inherent capacity [*angeborene Anlage*] of the organism; qualities of conscious content, division of complexes of content and the manner of their mutual relationship and connection are differentiated in their functional acquisition. Principles of conscious activity, just like all other physiological principles, are exactly determined by conditions of the organ and its correlations as given in its inherent capacity; quality of conscious content, however, is determined through the specific individual activity of the central nervous system, through its **function** and **according** to its function, in continually determining modifications, shaping through and according to its function an individual structure.[13]

Anything that is always intervening in the conditions given in inherent capacity - always disturbing the general normal conditions of the organ and its correlations - is always capable of altering only the physiological expression of these inherent conditions, primarily capable always of touching only conscious activity; no intervention in the conditions dependent on inherent capacity, that is to say, no organic change is able to enter into an imme-

[13]Through most recent investigations, especially from Roux and, above all, through Richard Semon, that memory is a facet of everything organic. We can assume here, however, for practical purposes that it is localized to the central nervous system.

diate relationship with the specific structure created by the specific individual function of the brain.

A primary shift in this functionally acquired individual structure can result directly only through agents which themselves belong to these specific structural processes of formation.

These are, however, - as the name suggests – the **ideogenic** mechanisms alone. The **ideogenic** split [*Sejunktion*] develops in the brain through and **according** to its function. Ideogenic affections alone may be referred to as **principally** functional.

We thus gain a general rule for all further distinctions: all **primarily ideogenic**, that is to say, all principally **functional** disorders have as their object certain psychic **contents**, while **all primary** manifestations of **degenerative**, that is to say, **principally organic** changes must express themselves in conscious **activity**.

I would like to recall here a criterion according to which, for example, we tend to differentiate hysterical and organic anesthetics. Familiarly, the extent of organically determined disorders of sensibility depends on structural conditions of nerves and pathways. Functional anesthesia in a limb, however, may be relative to the conscious content of the patient as a currently acquired, decisive associative complex. Precisely the same is true for psychic processes. Disorders of conscious activity follow inherent structure and preformed laws of the organ and align themselves with its anatomy or physiology or correlations. Functional, ideogenic changes correspond to acquisition through function and associative activity, to associative complexes representing individual contents. -

As an example with which to work this through we can take the most typical form of kleptomania, department store thefts, which are carried out by women of better circles and characterized by an absence or lessened intensity of the typical motive for theft and by the presence of a customarily spontaneous, compulsive impulse related to a sense of altered conscious.[14] – We want to explain this strange compulsive impulse in a relation to the findings of Freud. – Fundamental is a content related to the core of pathological drive in its abstract, universal form. The basic motive can be expressed as: to secretly take something forbidden. And this general motive plays a considerable role in the psyche of upper class women, not relative to possessions, but to sexual desire. Here the pathogenic mechanism figures in. We are familiar with the generally pathogenic significance of suggestions that demand repression of sexual desire from women – assuming, of course, that the individual incorporates ideas forced on her. The entire personality begins in this way to contrast the erotic, especially active erotic desire, so that it cannot remain in the conscious. The complex underlies

[14]See the analysis in my work: *Freud's Ideogenic Factor*, etc.

"censorship."[15] It has become "incapable of becoming conscious." And now the law for transfer of psychic energy along established paths of association comes into play. An affective variable - a sum of psychologically expressed energy - overtakes other complexes, that is to say, those that are associatively closely connected with what is repressed. These associative or functionally **acquired** connections mean **the same** thing in these principally **functional** pathologies as **preformed** connections **in the organ** mean for **organic** disorders. We noted above: in organic disorders, elements selectively affected in pathology are pre-formed through anatomical or physiological capacities of the organism; in ideogenic processes, however, by functional acquisition. And established associative pathways correspond physiologically to this functionally acquired distinction, while the contextual relatedness of ideas corresponds psychologically to it.[16] Thus the psychic intensity of what is repressed transfers to **content-related complexes.** This is what is referred to as "expression by a **symbol.**" And in our case, too, such a symbol is involved. The associative bridge for energy transfer is commonality of content: "secretly take something forbidden." By way of a connective path outside the continuity of conscious, the irresistible force of "censored" erotic wishful thinking carries over – in the form of a thought - to a nearby idea and to an idea that is subject to much less counter-suggestion and censorship - a wish for another's property.

A sudden opportunity and the idea of stealing form an association through which affective energy from the repressed erotic complex flows over onto the idea of theft. From the unconscious, the driving energy of the impulse emerges, bringing with it a sense of momentarily altered conscious. In this altered state, the crime occurs.

We return now to the differences of the main categories. If we consider a purely degenerative anomaly, for example, anomalies of secondary function, symptoms of an alteration in brain physiology or conscious activity may be deduced. For kleptomania, however, it is absolutely impossible to deduce the symptom of a functional alteration directly from the entire organ or from a part differentiated by its capacity [*Anlage*]. No matter how we approach it, we get no further than the idea of a general predisposition.[17] Between this disposition and the symptom, however, a gap remains, inasmuch as the anomaly appears bound to a specific content, to a specific psychic complex.

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[15]Imagetic expression of Freud's for conflict as the origin of repression.

[16]In the same sense, the associative relatedness through spatio-temporal connection, even through purely verbal connection itself, such as word games, etc. often suggest.

[17]See below for the possibility of organic pre-disposition (not to be confused with structural "pre-formation") for ideogenic processes; (in Stadelmann's capacity for fatigue).

It is inconceivable that some harm, perhaps from the outside, has affected the organ as such and yet in its effect should be aimed precisely at the acquired division of the contents of idea and isolate a single content, solely characterized by its content. To make sense of this, we have to imagine that the **same** functional act that can be attributed to the acquisition and linking of conscious contents has also created the basis for disorders that are tied to such contents. –

And with that, we return to our postulate: congenital or other insults from the outside that affect the nervous system as such, that is to say, without relation to the activity specific to the organ, have an effect on the complexes of functions preformed in inherent capacities of the organ as such; the insults, however, that are immediately given in the organ's own specific activity have an effect on complexes that this specific activity itself has acquired.

In summary, we have recognized two main categories of disorders. The one is inherent and principally organic; it includes disorders of conscious activity. As principles of splitting, these work from the start by directly disrupting the development of a unified, homogeneous personality. The other is acquired, principally functional, and concerns conscious content; it works directly as a principle of splitting by blocking particular associative connections.

With these two categories, the conditions for producing pathology are exhausted for our area. The possibility of inherent content-related defects has had to be left aside altogether. Acquired disorders of conscious activity, that is to say, acquired organic alterations, do not fall in this area, because these pathologies belong to specific nosological categories, presumably always blending (as permanent states) with states of intellectual impairment and clearly distinct from normal mental life. And thus only the two etiological categories are left, on which we must construct all further distinctions: heredity and ideogeneity.

Chapter II

Degeneration.
Inferiority complex with flattened and narrowed conscious.

From what has been said up to now we form the general premise: degenerative, that is to say, inherent inferiority rests on inherent changes in conscious activity - changes in those highly subtle psycho-physiological principles through which associative events are regulated and through which the homogeneity of the personality as a whole is guaranteed. We have noted that these principles are problematic and must be fully explored. What I want to attempt here is to trace particular forms of degenerate inferiority to certain changes in a psycho-physiological principle.[1]

At an earlier date I established for the intra-psychic relationships that we know as a "constellation" a general psychological principle of variable regulation of association on which subtle differences between psychic types depend.

I have asserted that the constellation underlies a certain principle that governs the course of associative events, to which I have referred as "**cerebral secondary function.**"[2]

Under secondary function I understand an influence of an individual complex - from the moment it has left the conscious - upon further associative activity, in that along its associative pathways it transfers an energy increase to other complexes connected with it and lends related

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[1]I must answer for this attempt. It involves two clinical forms of inferiority complex that I described in connection with problems related to the psychic constellation. Those problems led me, through analysis of the clinical picture, to a psychological concept. I thus find myself working from a psychological view for which I can offer no authoritative support. When I do so in the framework of this book, then it is because precisely in the area of inferiorities clinical psychological analyses are lacking and because I believe that compiled symptoms are collectively accessible only in an overview that brings them together in a causal relationship under some sort of principle. This is a matter of creating an integrated and, accordingly, as handy and as easily digestible a view of the heterogeneous syptomatology as possible.

[2]The Cerebral Secondary Function. Leipzig 1902.

complexes an ability[3] to limit the course of associative events to related complexes.

The more intense and lasting the secondary function, the more the course of associative events is dependent on the preceding links in the chain of ideas, the tighter is the chain of thoughts with regard to content, and the more difficult it is to have change in the topic of thought. The weaker and more fleeting the secondary function, the more unrestricted the game of associations, the easier the changes and leaps, the weaker the tendency to hold onto a topic.

I refer to the power to focus the conscious on more or less closely related areas of content relative to the intensity of the secondary function as "contractive energy." The stronger the secondary function of a complex, the greater its contractive energy, and vice versa.

The number of contextually different topics of thought that the conscious is able to process within a short time period determines its width; the number of associations belonging to one and the same contextually homogeneous topic that the conscious is able to process in a single period of time determines its depth.

The stronger the secondary function, the stronger the contractive energy, the deeper and narrower is the conscious - and vice versa.

Depth and width of conscious characterize two contrasting types of psychic ability. When dispurposive, this is a contrast between two extremes. These I call narrowing and flattening of conscious.

Variation in the secondary function depends first of all on affect as a variable, and, moreover, is apparently proportional to it. Affectively charged complexes have a stronger secondary function than indifferent ones; depressive ones are stronger than euphonic. Width of conscious changes continually in this way in every individual.

However, the average variable of the secondary function, the average width of the conscious, is also different in different individuals. The general physiological principle of the secondary function is an individually alterable variable. The secondary function varies as a general physiological regulatory principle of conscious activity relative to differences in inherent physiological capacity. And within the limits of normality, the two contrasting types of broad and deep correspond to these general quantitative changes in the secondary function – depending on whether it is a matter of a decrease or an increase – and, beyond these limits, of the flattened and narrowed conscious.

Between the quantitative changes of secondary function that result as anomalies in the width of the conscious lies the norm, toward which the two opposing sides run. As results of change in one of the physiological principles

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[3]Understandably, the energy increase from the secondary function works through the constellation and through the unconscious, that is to say, repressed complexes. Cf. above.

of the general capacity of the organism, they are basically organic, that is to say, degenerative anomalies. They are discussed here as representatives of this one main category.

Isolated, the shortening of the secondary function appears to occur only in states of fatigue, otherwise, however, regularly in connection with relaxed associative excitability. If this state exists *ab ovo* as a constitutional alteration, then the picture of a lasting hypomanic conscious activity corresponds to it. For this "sanguine inferiority" or, as I call it, inferiority complex with flattened conscious, the psyche is characterized by lowered contractive energy. It is not necessarily a flight of ideas, but rather an incapacity for complicated, particularly abstract reflections requiring longer preoccupation with one and the same topic. On the outside, it manifests as a lack of complex considerations in important matters, as well as in individual life questions and in questions of an ethical nature; someone who is abnormal in this way is correspondingly unable to stay on a topic and is thus unable to fully process those questions that require this ability, so that precisely the most important questions cannot be dealt with; because this type always avoids such questions, it does not give them the proper affective value – far less than to the small and trivial matters that can be grasped completely in a short period of time; the result is an incapacity for proper affective valuing and thus for distinguishing between what is essential and what is unessential – affective lack of criticism [*affektive Kritiklosigkeit*].

Additionally, the flattened conscious expresses itself in the strong influence exerted by external stimuli, which cannot be explained solely through heightened functional excitability, because it would have to be a factor to begin with both for inner and external stimuli. More important is the reduction in secondary function and thus in the contractive energy of the inner psychic processes. With this reduction, everything we refer to as "collectedness" is lost; the stimulus from the outside is stronger than the secondary function of the ideas that have just been worked through; the individual turns with unblocked attention toward external stimuli. Through heightened attention to the environment and – as has been mentioned - an invariably easy flow of associative processes, there is a very prompt grasp of the environment; inasmuch as disparate ideas easily emerge within a short period of time due to momentary shortening of the secondary function, a rapid orientation in difficult situations is quite well achieved; therefore presence of mind and boldness are almost always at the disposal of such individuals. Since the conscious is always able to occupy itself with present perceptions without any inhbition and, as has been said, it can deal quickly with numerous and disparate perceptions, such individuals feel their way into a wide variety of situations, hitting quickly upon suitable reactions to whatever immediately affects them. We call this trait cleverness. In people with this type of inferiority complex who are intelligent, educated

and of a higher standing, this trait sometimes expresses itself as control or tact in external matters. – In a strong contrast to this is a poor ability for processing perceptions and incorporating them in a lasting way into the content of the conscious. This, too, can easily be explained by the circumstance that "natural mnemonics" consists of associative synthesis, that is to say, connecting what is new with old complexes of ideas. This fails where a concentration of synthetic thought is impaired through a lack of contractive energy - where the secondary function of ideas passing through the conscious fades after a short time and the development of combinations, that is to say, associative processing falls away. – I have observed how surprisingly poorly even quite intelligent people with this type of inferiority complex are able to describe cities and countries they have visited in their restless lives. I would like to note a particularly characteristic symptom of the inferiority complex with flattened conscious: the tendency to cynicism. This condition appears to me so significant that I would like to go into it in detail.

Under cynicism, we understand the search for close associative connections between something appealing and something repulsive. Through Freud's and Stekel's works, we know that a typical factor underlies this tendency, namely a source of pleasure [*Lust*] in infantile ideational contact with sexual and excremental areas. This origin is clearest in the obscenities that form the bulk of cynical jokes and in which some sort of erotic motive is brought into connection with a repulsive idea. These sorts of connections of ideas are highly painful, however, to individuals with normal or even raised secondary function. Because through eroticism, feelings of pleasure are triggered, but through the repulsive idea other impulses, that is to say, defensive impulses are triggered; if these occur one immediately after the other, the psychic organ must shift rapidly from one type of attitude to another, must handle disparate things in a short period of time. Through the contractive energy of the secondary function, this is combined with the overcoming of difficulties evidenced as a keen sense of displeasure [*Unlust*]. This displeasure is naturally less, the less the effects of the secondary functions make themselves felt. In individuals with flattened conscious it is thus to be expected that the source of pleasure [*Lust*] stemming from the infantile connection of ideas is unrestrained in its effect. I explain to myself in this way that individuals with flattened conscious possess such obvious pleasure in cynicism.

The inability to pursue complicated thoughts to their conclusion, the rapid change in psychic content, the lack of criticism, the uninhibited reaction to external stimuli explain sufficiently well how the described individuals must find themselves in those states Wernicke so very aptly describes as the "levelling of ideas." With the sole difference that for them the nuances in the valuing of ideas do not form at all. The gradation in affective valuing is tied to the ability to compare affective values and this, in turn, to a rich associative connection of all groups of

ideas and sensations among themselves. Since these cannot develop with rapid and ineffective passage of ideas through the conscious, an affective indifference of values of all groups of ideas is the essential characteristic of the inferiority complex with flattened conscious.

From what has been said, it is easily explained that the described type of inferiority complex is externally evident for the most part as moral insanity, and this does indeed appear to be the most frequent type of development of pathological formations of character that we group together under this name. The cases of moral insanity that I have dealt with belong almost exclusively to the described type.

At higher levels, the inferiority complex with flattened conscious is essentially the criminal type. Inhibitions fall away as a result of an inability to form ideals, a higher sense of values, or enduring attitudes. Intensity, keen vitality and a subjective sense of power lend to every act or intention a heightened energy and abandonment. Craftiness and presence of mind facilitate crime; pathological daring and passion give it impetus.

From flattened conscious we can deduce two extreme types of criminality: on the one hand, violent and brutal crime as an expression of uninhibited affect; on the other hand, a pathological cunning and craftiness together with pathological recklessness. And between these two extremes lie other possibilities of pathological criminality.

The inferiority complex with flattened conscious produces an excess of unrestrained force that tends to break civilization's rules. Naturally, the aspect of increased force has to be taken with a grain of salt: if in the term, "will power," one includes an ability to make insightful and unerring decisions, this appears lowered as well in the inferiority complex with flattened conscious.

Simple, momentary, primitive accomplishments, that is, all those without intellectual or affective deepening – all such accomplishments are contrastingly planned and executed with an actual increase in energy. And therefore this type also contains numerous characters whose psychic qualities may be criminal in cultural terms but outside the realm of culture are maintaining and supporting.

The state that I call inferiority complex with narrowed conscious rests on an anomaly of the secondary function that is opposed to what we have just discussed and can be traced back to a general increase in the secondary function in length of time and intensity.

The psychic picture is dominated by an increase in contractive energy, with which individual topics of thought can be held onto for a long time and intensively processed, while transition to new areas stimulated by inner or external stimuli is difficult. This leads to unity and the deepening of psychic processes, but the manifold, the wealth of thought is impinged on. An idea entering the conscious may dominate long enough to be intensively "thought

through," but groups of ideas connect to it only if they have rich associative connections with it, that is to say, are content-related.

This tendency means for intelligent individuals the ability to produce a large number of combinations from a basic idea and its closely related groups of ideas; psychologically stated, pursuing a topic in all its details and thinking it through abstractly. More difficult, however, are results of thought that depend on practical application in multi-faceted synthetic connections. Increased contraction is limited to associative or contextually closely related areas of ideas, so that to some extent the current topic of thought is closed off in regard to other conscious content. Herein lies the focal point of the term, "conscious narrowing." Disorders in associative connections among individual areas of conscious content develop as direct results. As a result of the law that associative connections are only produced between ideas that are in the conscious within a short space of time of each other, or immediately after one another, a well built-up connection can only develop when ideas have been involved with each other in an act of thought.[4] From what has been said, this is only possible, however, if the contractive energy of the basic ideas does not exceed a certain intensity and duration. If this is not the case, then only groups of ideas that are closely related by content can emerge in individual time periods, and only within these are lasting associative connections formed. Individual areas of ideas separate themselves increasingly rigidly; between these individually closed complexes there is only a very marginal possibility for a higher connection. In this way, a split forms through the narrowing of conscious that manifests itself on the outside as disharmonious personality.

From this split state and from the change in the thought process itself, typical disorders result in the comparative affective valuing of important psychic acts. Rightly nuanced affective value rests on comparison, and this requires, on the one hand, capacity for contextually homogeneous thought; on the other hand, it requires active interaction of the various complexes to be compared. This, however, is disturbed in the disharmonious personality, and habitual narrowing of conscious thus again leads to the real stigma of the inferiority complex, to affective lack of criticism.

This modality is a contradictorily different one from flattened conscious. I mentioned to begin with how I conceptualize the connection between secondary function and affective charge. A long-lasting and intense secondary function corresponds to a strong affective charge. Quite apparently the opposite must be true as well: a lasting and deep affect corresponds to a long and intense secondary function.

The production of such abnormally deepened, abnormally meaningful affects is thus facilitated by disposition, that is to say, a tendency to affective

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[4] Mixed ideas have formed.

overestimating. Additionally, the conscious, with all its affectively charged thoughts, simultaneously binds, excludes comparisons, and fixes and increases individual overvaluing. The patient loses the feel for comparative values of things. In affective overestimating, therefore, lies the basic element of affective lack of criticism. –

The narrowed conscious is characterized by the affective life of abnormally deep and enduring affective emotions. The key component is a certain affective preponderance. I believe the popular expression "**deep-mindedness**" applies conceptually to these highly typical states. The pendant to this is what I refer to as "levelling of ideas": in levelling lies a relative undervaluing; in deep-mindedness, by contrast, an excessive increase in complex affective elements. This does not mean that a depressive coloring *of the emotions is necessarily* the case for the "deep-minded" type of reaction, but rather an elevated "taking things seriously" is referred to. Melancholy is a virtually ubiquitous result of this lowered capacity for "dealing" with affects.

I would like particularly to note a form in which these circumstances express themselves, the origin of which can only be studied in intelligent and educated patients in whom their external effects are almost never lacking. It lies in the nature of the psychopathology that affectively charged complexes always completely dominate the conscious as a result of the rise in contractive energy; and other ideas, such as corrective ones, have a hard time surfacing. From this results a peculiar "being overwhelmed" by depressive thoughts, depressive suggestions. Painful doubts - painful self-accusations against one's own life values and similar torturing ideas - gain, to begin with, a significance, since corrective thoughts are then not at hand. Getting rid of doubts is contemplated at length in episodic brooding. If the doubt or a similar one later reappears, then the game starts all over again. Such individuals are exposed to doubts, accusations and uncertainties already through the one-sidedness of their intellectual functions - above all, however, through taking things too seriously. -

For fear of "being overwhelmed" by painful impulses, for fear of not having the right counter-arguments at hand, such individuals devise rigidly fixed motivations for their dominating ideas, for all their justifications of their sense of value, for all the opinions that seem so important and valuable to them - motivations that are as clear and precise as possible and then remain unchangeable. For all their attitudes to life, their opinions, beliefs and desires they construct every imaginable pro and con, every sort of motive and every sort of objection and then again the counter-arguments to these objections, brooding out a structure of justifications that seem to them unassailable, shaping the entire complex in as clear and precise a manner as possible and from then on always using the same terms and words for it. This they always have at hand; it is so familiar to them that it is at their disposal even for unrelated doubts and objections. – The presence of

such formulations naturally determines the individual manner of speaking as well and lends it a very typical rigidity and monotony.[5]

The obsessive worrying that lies at the root of what has just been discussed is directly typical for the inferiority complex with narrowing conscious: The differential-diagnostic difference with regard to neurasthenia lies above all in a certain consistently progressive productivity by the narrowed conscious, acquired by brooding, which is missing in the neurasthenic, and in striving toward a logical conclusion, even if by ponderous, obtuse and complicated thought processes. – The brooding of psychopaths with narrowed conscious has its role in the history of ideas. –

The same disposition to deep-mindedness that we spoke of earlier, the same regularly "taking things too seriously," shows up in an apparently very different trait: dependence on apparently trivial external and internal impressions. It tends to show up as a lack of dependability, pathological sensitivity, and moodiness. Only in a psyche that closes itself in an almost cramped way around any sort of different content, only allowing thoughts related to this one content – in such a psyche, the relative significance of an impression, an association is very particular. Sense impressions that put an emotionally charged associative event into motion, that is to say, impressions that carry a special "mood" – such impressions achieve a considerably stronger effect than do ordinary ones. Through such impressions, whether they concern qualities and combinations of perceptions, situational coincidences, or whether the course of associations takes a particular turn – through such imponderables of impression, memory, and mood, the entire affective life is often altered and steered in a way that is completely inexplicable to those nearby. Associative reminiscences that alter mood and behavior presumably belong in virtually every such case to unconscious – repressed – material and thus only indirectly make themselves felt, that is, as "constellatory" influences.

Closely related to these processes is a phenomenon that I want to refer to as a pendant to cynicism in the inferiority complex with flattened conscious: the clearly painful effect of the same associations on which the feeling of pleasure rests in cynicism. The cause of this contrast is presumably the antipathy to a rush of widely disparate ideas and attitudes. Also, however, the fact that contractive energy focuses on the associations - that the unpleasant connection will neither dissolve nor let itself be pushed aside - the fact that in a higher degree than for normal individuals valuable moods are lost through painful associations, and mixed feelings are created. Sensitive individuals of this type – that is to say, above all, the educated, guard

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[5]It is not a matter of the content or accuracy of the complexes that are formed, but rather the fact that their definite form, their accessibility to the memory and their being excessively mulled over betray the abnormally subjective significance of one's own thoughts.

their associations with cautious care – in higher degrees with a real "**fear** of associations."

The farthest-reaching results of the disposition to deep-mindedness are in areas in which a transition to the truly psychopathic becomes noticeable. Here belongs above all the tendency to depression [*Schwermut*]. The predominance also of dark moods allows us to understand the inescapable surrender to affects. Depressive moods are a symptom that is almost never missing in degeneration with narrowed conscious. – In a differential diagnostic contrast to neurasthenic and circular attacks – which, by the way, may be involved as well in the form of a complication – the important criterion for depression stemming directly from the inferiority complex is that the activity of thought during the attacks – except in the sense of the narrowness of the conscious – is not further altered, that is to say, inhibition and a sense of insufficiency are missing.

The most significant and decisive consequence of habitual narrowing of conscious and, at the same time, the truest expression of its nature is, however, affective overrating [*Wertüberhöhung*] when it is no longer bound to the constellation of momentary mood but to a particular complex. The aspect emerges as a contingency, so to speak. We know it as the characteristic nature of the inferiority complex to keep things that belong together by association as tightly together as possible, that is to say, separating ideas and affects from the remaining psychic events. The protracting and deepening of affects, a distancing from contrastive ideas, the impeding of value comparisons - all these lead ineluctably to an affective intensification of affectively colored groups of fixed ideas that more or less avoid correction. Characteristic for the inferiority complex with narrowed conscious is the existence of complexes whose value is overrated.

I choose this expression because I would like to avoid having these direct results of the constitution with narrowed conscious completely identified with overvalued ideas in Wernicke's sense. Surely, some of the latter must also develop directly out of the mechanism of the inferiority complex. I believe that, in general, for the emergence of the true overvalued idea an additional ideogenic mechanism is necessary, through which an obscured input of energy from the unconscious is distributed to a particular complex. Thus, degenerative capacity [*Anlage*] may actually be complicated by ideogenic alterations. Precisely this particular complication, however, is a very frequent one; and the overvalued idea is something so typical for the inferiority complex with narrowed conscious that we need to treat it as a direct symptom of this form and discuss it at this point.

Ideogenic complications are quite frequent in the inferiority complex with narrowed conscious. The discussion of the source of this coincidence belongs in the context of combinations later on; here we merely note that such complex processes occur - that the accumulation of pathogenic material in the unconscious is quite common. We know that these pathogenic

complexes tend to transfer energy so as to express themselves through other complexes which are, by contrast, capable of entering the conscious. Of the possibilities for expression, the choice depends on the associative relationship of the substituted complex to the repressed complex; on the other hand, however, it also depends on the extent to which substituted complexes are, in the form created by their conversion, compatible with the rest of the conscious. A conversion yielding a completely senseless combination of affect and content is thus only rarely able to sustain itself. The complex onto which the energy charge of unconscious material is to transfer must thus customarily be predetermined through coincidental aspects. This agrees approximately with what Freud refers to as "over-determination."[6]

We understand that complexes with an overrated value find themselves involve over-determination. Strongly charged affect, relative isolation, lack of correction and comparison are all elements that predetermine a complex for absorbing a transfer of affect. In addition, particularly affectively charged thought processes are usually closely connected to the most secret wishes, deepest instincts, strongest conflicts, and, thus, with the unconscious.

Overrated complexes thus regularly receive an energy influx from the unconscious, through which they are from then on more or less completely cut off from both intellectual and affective criticism, and they begin to take on a significance that shifts psychic balance. Only in that way do they become actual overvalued ideas.[7]

In the discussion of combined forms later on we will find that all ideogenic complications, and thus all imaginable forms of overvalued ideas as well, occur in the inferiority complex with narrowed conscious and in more or less close genetic relation to it – and, similarly, that overvalued ideas also play a large role in purely ideogenic effects.

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[6]Actually, "over-determination" is, in the first place, the competition of conversions and only in the second place a competition of a conversion with other elements of predetermination.

[7]The narrowed conscious does not, so far as I know, always follow this course. It may be that this inferiority complex is limited in itself regarding complication due to ideogenic processes. Above all, for intelligent and productive individuals with an inferiority complex, a compulsion to process affectively charged complexes, which works against repression, may lie in the brooding itself, in not being able to free oneself from complexes. In this case, a protective wall against social suggestions and their pathogenic effectiveness often lies in the type and the isolation of such individuals, that is to say, in their constitutional elements: in a lack of a drive to imitate, in an inclination to think things to an end and to determine one's own individual values. These are singular, difficult, but also individualistic and frequently productive people, whose inner lives are often rich in conflicts, yet free of disturbing and corrupting influences from the unconscious and in whom affective overvaluing does not exceed an apparent limit of intensity for psychic energy influx from the unconscious.

Not all overvalued ideas are typically symptomatic for this inferiority complex, but **only those** to which the ideogenic process lends intensity and persistence by distributing affective energy from the unconscious. The core of the overvalued idea and of an overrated complex carries characteristic features of degenerative mental activity. Overrating of value itself, however, derives from narrowed conscious: the real reason for excessive increase in value is the particular nature of **affective lack of criticism.**[8]

Here belong all those individuals whose deviation from the norm consists of uncritical surrender to an affectively charged idea. Here belong the typical eccentrics: those large groups that Magnan, for example, describes as "zoophiles", Dickhoff's paranoetics, vegetarians, people who protest immunization, who believe in water cures, etc. Here belongs altogether the large category of fanatics.

As with inner thought processes, the relationship to external stimuli – the immediate positioning *vis à vis* the environment – has a typical form among people with inferiority complexes. Increased contractive energy means that external stimuli must overcome increased resistances in order to effect a more lasting reaction of the psyche. Individuals appear "distracted," "preoccupied by inner processes." They pay little attention to their environment, except for areas directly connected to their pathological or even normally overvalued ideas, for example, their occupation. The "ivory tower academic" almost always belongs here as a type; his one-sidedness is not the result of his occupation but, together with his occupation – which represents his individual overvalued idea – results from his constitution. The "impractical nature" has the closest possible relationship to habitually blocked processing of stimuli from the outside world; and with good reason – even if with different reasoning – Magnan refers to one-sidedness of accomplishments and abilities as characteristic for "degenerates."

Difficulty in focusing on external stimuli leads to a defective capacity for sufficiently spontaneous reaction. This difficulty increases with the number and manifold of external stimuli impacting rapidly within a short time. This is precisely the opposite inner and outer behavior to what we described above for the opposite type; we merely refer back to it. The external result is an obvious lack of presence of mind. A particular way in which this is evidenced is the frequent appearance of more severe states of confusion.

All this brings with it a particularly typical abnormality of character and feeling. The individual realizes from an infinite number of repeated experiences that he is not up to situations that are combined with numerous unanticipated and disparate stimuli and that such situations bring about a state marked by a sense of displeasure due to the stimulation of different

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[8]Thus: that a complex becomes overvalued is something that always depends on the influx of energy from the unconscious, that is to say, on ideogeneity; in what it is that becomes overvalued lies the criterion for the degenerative constitution and its specific lack of criticism.

centers of attraction mutually affecting one another: the aftereffect of secondary function of the inner processes, the primary excitation from other ideas on the outside and the crisscrossing secondary functions of the new ideas brought about by the different stimuli all create a painful overexertion of the brain. The individual must instinctively seek to avoid such situations. These situations are brought about to begin with, however, by contact in larger social circles, which must thus be avoided: the individual acquires a preference for being alone. The early history of degenerates reveals an infinite number of occasions of early developing shyness, which it seems to me easiest to explain through narrowing of conscious. Psychoanalytic exploration of such case histories naturally reveals complicated relationships – above all, a typical holding onto and brooding over things that are weighted down with affect and particularly with constellatory reminiscences and their summation as isolated dominants.

Simple avoidance of larger groups is not usually where it ends. The experience of increased feelings of displeasure, an increased difficulty in psychic processing of an incoming mass of ideas, awkward affects of confusion and helplessness regularly associating with impact from others – this experience to some extent necessitates the projection onto others of the cause for all this unpleasantness. The impulse to avoid people develops into an affective defense against the world. The character of the individual with this inferiority complex takes on the trait of mistrust that is typical for so many. –

From there a dangerous course develops in the direction of ideas of persecution and, given a disposition for deep-mindedness and affective lack of criticism, toward paranoia.

I believe it is necessary to give some space to a differential-diagnostic consideration. Some of the traits just noted remind us of people with a more severe neurasthenia. The distinction, however, can always be made quite clearly. For the inferiority complex with narrowed conscious, concentration is a task that never fails, so to speak – in neurasthenia, however, it is usually the greatest challenge. The truly significant symptom of neurasthenia is abnormal psychic fatigue; for the inferiority complex with narrowed conscious, in contrast, mental work can, within limits, often be extended beyond an average degree without fatigue. For the inferiority complex with narrowed conscious – when it is a matter of pure cases – all the feelings of helplessness, inconstancy, emptiness and insufficiency, as well as the physical sensations that are found in neurasthenia are lacking.

With regard to character, it is understandably the opposite of the form just described. Here, too, we encounter typical changes. The endurance of affects and their increased ability to be triggered by inner processes makes one disposed to a **finer emotional life**, to sensitivity. Despite the isolation of the areas of ideas, a characteristic tendency to relativism exists alongside the tendency to overvalued ideas. With a

close homogeneity of individual areas of ideas and sensations, an idea can only separate itself with difficulty from the inhibiting ideas that have once been associated with it. An entire complex of ideas thus can be shoved out of the conscious activity in its entirety; if it contains numerous ideas of blocking, then these adhere and are set in motion over and over again. Willpower is determined only with difficulty; an exception is blind determination, when an overvalued idea lacks correction.

And whether such overvalued ideas take form or not is decided by whether dangerous or criminal energy develops in this type of degenerate. If this is the case, then there are two possibilities for anti-social behavior. Either overvalued ideas build on mistrust and incorporate persecutory contents - then they flow over into paranoia and criminal possibilities become possibilities for paranoia – or, however – and this is the category to consider in the framework of inferiority complex: the picture is one of fanaticism. Most cases of pathological religious or political fanaticism and their related delicts are to be included in this area.

Chapter III

Ideogeneity. The imbalanced.

From what has been said up to now we see that the various basic processes on which the inferiority complex builds, along the one or the other path, have led to a loosening in the combining of all the components of the psychic personality, to a defective synthesis of psychic material. We are dealing with processes of splitting that we have attempted to draw out of physiological anomalies of the psychic organ. We have assumed fundamental changes in conscious activity as the primary, shifts in conscious content as the secondary. We must now consider a directly opposite mode of splitting processes through ideogenic impact in basic disorders of associations and content. –

We recall that here we are dealing with a singular etiological category of pathogenic impacts related to the content of psychic activity flowing in upon the individual. If we look for causally related groups for these areas, we arrive at a compilation based on the psychological meaning and content of particular **ideas**.

This perspective goes back to problems and discoveries from the researcher to whom we owe the most fruitful biological means of research of social facts: to Friedrich **Nietzsche**. Among the most enduring of all discoveries is the pathogenic impact of the society on the individual, revealed to science by Nietzsche. Through him we have learned that precisely the healthiest individuals have within them expansive tendencies that meet with repression through the tendencies of the whole. This conflict that Nietzsche has opened up for us as an inevitably regular historical occurrence works pathogenically in two ways. The one possibility Nietzsche himself has thought to an end, founding through it the discipline of biological sociology: he has shown that the conflict in question has led, as a negative selection, to the extinction of precisely the healthiest and strongest individuals, due to repressions on the part of the whole, and thus to a decline of the race, that is to say, a progressive increase in hereditary degeneration. With these factors of decline in the shaping of heredity we will concern ourselves not here but later on. The other possibility is that of the direct harm to the individual through psychic trauma of conflict. Nietzsche has brought an inexhaustible plethora of thoughts, the importance of which is almost unforeseeable for individual and social psychology;

with his – here relevant – analyses of ethical phenomena he inaugurated the scientific ethic that recognizes values as biological facts and does not aim at their critical and normative judgment but at their **genetic** explanation. – For the realization of the meaning of this question for pathology, however, another discovery was necessary: the discovery of the pathogenic effect of repressed affects in the truest sense. I therefore presume to approach Freud's discoveries in these areas as the direct continuation of Nietzsche's research.

In the following, we take up the discussion of Freud's results. The invariable conflict between the individual and society transforms under the pressure of social life into a conflict within the individual himself, inasmuch as the individual begins to feel himself the representative of the society. It is only this inner conflict that is able to work truly pathogenically. Our question is, therefore: what are the aspects that are typically involved in bringing the individual into conflict with himself?

To begin with, it is in the vast area of sexuality that truly significant pathogenic meaning develops. Here, extremely pervasive impulses unconditionally oppose the strongest suggestions of social or moral content, especially in one's youth. This is particularly true, of course, for women.[1]

Widely spread, specifically female psychopathologies - morbidity or a pathologically distorted personality, like the hysterical or some subtler form - can be traced back to stereotypic sexual conflict. What dominates the psychic development of the female – and, to a higher degree, in a woman of higher standing - is the impossibility of grounding a comprehensive and coherent unity in inner processes, of producing a seamless continuity of mental life. The dominant complex of values - the suggestions that comprise the ethical milieu of women from childhood on – is contextually incompatible with the strongest and most penetrating drives and arousals. The entire, malleable energy of mental life focuses either on completely repressing sexual arousal or on transforming and re-interpreting it, essentially through repression, in a way that is capable of becoming conscious. Sexual striving in its true nature never appears in the form of exclusively monogamous and familiar tendencies in which it gains entrance into the conscious. And what is repressed and over and over again repressed results finally in a large part of mental life standing apart from unified psychic processes. This area that is excluded from inner connection with the personality shapes strange and incomprehensible character traits, perverse

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[1]In the area of sexuality, women are far more vulnerable to suggestion than are men. Thus it is understandable that the specific morbidity of women in hysteria is not determined by a disposition of the sex but through the content of generally sexual-moral ideas. – An assumption of a lower intensity of sexual drive in normal women does not correspond to the facts. Strong sexuality in the female is not the symptom of a neuropathic nature but often the cause of a neural illness in that it often may become the source of particularly neural conflicts.

and abnormal drives and tendencies. More precisely: Along pre-formed associative connections and paths not controlled by the personality and dominant values and feelings, the pent-up energy of the repressed material transfers to conscious mental life, modifying, stimulating, blocking, annulling and weakening on the one hand, strengthening on the other, lending an inexplicable intensity to paradoxical, foreign and mean impulses, changing the character, and stamping it with features that through analogy of content with the repressed complexes betray their origin in the unconscious. The universally familiar, peculiarly compulsive tendency toward what is forbidden, above all to what is rejected by one's own dominating values, by what runs counter to one's own basic instincts, is an ever re-curring, characteristic feature that essentially remains the same, whether what is foreign and contrary in the impulses continues to be subjectively experienced or whether these gradually overtake the entire unresisting personality. The pathological tendency towards what is forbidden works as a transforming, depraving component of the character. We find it as cruelty or as a tendency to self-torture, as a fixating drive toward ever new things, to constant change, as an uncritical tendency toward what is bizarre and again as an inexplicable and unconquerable blocking of natural feelings. It shoves itself as a block in front of every purposive action, every natural and good sensation, every grounded and conforming taste. And it always retains the picture of the originally pathogenic conflict between the sexual wish and its intended negation. –

A simple example. Only rarely observed medically and almost never recognized as altogether pathological yet almost tragically significant is the typical ideogenic tendency of an incredible number of women who feel compelled to make themselves look ugly. Behind this lies a pathological tendency toward what is forbidden from childhood on, toward what is anchored altogether in the unconscious as a part of the drive toward what is forbidden and has remained unchanged.[2]

A different example. The often pathological dislike of neuropathological women towards their own children is familiar. These strange shifts in feeling or, rather, blocked feelings, can scarcely be grasped except by seeing in them the true picture, the "symbol" of pathogenic conflict. The phenomenon develops through parallelism of content to pathogenic sexual conflict: it is a matter, here as there, of the conscious personality denying a basic, natural feeling. This common element is the associative bridge over which the unconscious has transferred its psycho-physiological energy to conscious complexes.[3] One is familiar with neuropathic lying[4] - again a symptom com-

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[2] Cf. Strindberg, *Beichte eines Toren*.

[3] Against sexual conflict as the etiology of such phenomena the objection is presumably scarcely raised that many women are neurotic (better: remain!) who have intense erotic experiences. Because if pathological effects of conflicts are once formed, they cannot be nullified through later favorable circumstances – even if naturally improved.

monly female. The same parallel allow the same symbolism to be reconstructed based on associative connections of content.

We can assume the same foundation as the root of dangerous perversities, above all for algolagnistic ones.

Analytically, the developmental mechanics resemble the gravely pathological symptoms in kleptomania.[5]

I want to call attention to certain phenomena that have, given the circumstances, a considerable practical significance. – There is a very specific type of the drive to wander, an impulsive desire for foreign places, with a range that includes an irresistibly autochtonous drive. And there is a pathological homesickness - so-called nostalgia - that appears in the same way and has a very particular significance as the origin of serious pathological crimes, above all of arson, sometimes even murder. – In both cases, it is a matter of converted sexual deprivation. Desire for what is foreign develops in men and in active women; nostalgia in passive and undeveloped females. In both cases, the direction of the desire corresponds to circumstances that to the individual appear to be favorable conditions for satisfying sexual desires, relative to one's nature and make-up: for active people the wide world, for passive young girls the family home, where they wait for a knight in shining armor.[6]

If the pathogenic conflict of sexual life is particularly true for the female sex, then its equivalent for males lies in the area of fighting or of **aggressive** instincts. This is not the place to discuss the biological role and significance of these instincts in their relation to sex and relevant matters; suffice it to say it is specifically the male basic instinct and, as in the female sexual impulse, the contrasting force of moral tendencies weighs on male aggressive instincts. There is a difference, however, with regard to the quantity and above all the degree to which these contrasting tendencies are incorporated. The aggressive wish, as an inner conscious concept, is not initially subject to censorship. There is a greater possibility for fighting the conflict to an end internally. Naturally, the more limited this possibility is, the more pathogenic the conflict becomes - more so, the more the opposing tendencies gain intensity and extensity. The opposing tendencies are highly

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– Further: firmly rooted suggestions that determine a conflict with natural drives retain their pathogenic effectiveness as long as they are not eliminated by conscious overcoming and the conflicts are really solved – that is to say, also when, in a struggle, they are conquered by the impulse and begin to give way to repression. They often become on their own pathogenic unconscious material.

[4]Cf. "pathoform lies" according to H. Gross.

[5]See above.

[6]Recently, I have found yet another component of nostalgia, going back deeper into childhood: the unconscious drive of wish-fulfillment for the unconscious, persistent and always urgent desire of infantile eroticism for long lost objects and long since outlived qualities. -

changeable, situationally relative, generally rapidly increasing. According to Nietzsche, striving aims mainly in the direction "that somewhere and sometime there will be nothing more to fear."

In Europe today, constantly and ubiquitously, the path of that direction is: "progress." If that is true, if an inner fear of everything dangerous, sudden, aggressive has really become a value-determining factor, then the suppression of aggressive tendencies must become ever stronger, the inner conflict an ever richer source of neurotic splitting of the personality.[7] That a split can also come about in this sense has been shown by the most recently published larger work by Freud.[8] Moreover, we can easily reconstruct the possibilities in which the inner conflict with aggressive tendencies influences character more or less pathologically. We expect to find origin reflected in a symptom, and this expectation is filled by neuropathological **fear of conflict**, or, I should say, pathological cowardice. It often appears as a basis of pathological mistrust, of an altered perspective in the sense of this mistrust.

The associative connection between these character traits and the pathogenic conflict is easy to reconstruct; the binding common aspect is to some extent the content: "I may not, cannot attack, not avenge myself, not defend myself."[9]

An anxious, mistrusting and, at the same time, hostile and treacherous character corresponds both to the paralyzing effect this feeling creates, flowing from the unconscious, and to the aggressive wish-fulfillment repeatedly penetrating the conscious, with its ever-changing re-interpretations and disguises.

The inner lives of the two sexes wrongly appear to be divided based on the idea that natural drive is represented in the aggressive instinct and sexual drive as its counter-suggestion - both in the one sex. What is left out of that

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[7]Through Schopenhauer the view is given and since his time often repeated that in the Hellenic age the attacker, not the attacked was regarded as having lost honor through an act of aggression, for example, physical abuse. If this was indeed the case, then the interpretation and corruption of instincts presupposes the similar complex of repressive processes we find today in the interpretation of sexual tendencies. Remarkably, the emotion of aggression receives a treatment in Hellenic poetry like sexual emotions do in a larger part of ours. In both cases, fundamental to art is the tendency to bring about an "abreaction" precisely of those instincts which are currently most suppressed.

[8]Der Witz und seine Bedeutung zum Bewussten.

[9]It must be particularly emphasized that constructing a commonly shared content by way of an associatively connecting bridge gives us a rough view of the basic principle as well as containing a simplification that is remote from reality. An actual path of transfer can only be determined in the individual case through psychoanalytic investigation. In my examples here, the infantile foundations – too complex for this presentation– are missing. For the principle that precisely these, however, are the richest with regard to meaning, see below.

is, above all, that the really fertile ground for all ideogenic neuropathology is childhood. - One should, in my opinion, inform oneself about this particular aspect in Freud's works. To avoid repetition, I have considered mechanisms that can be understood from the perspective of the adult mind. – For the male, pathogenic conflicts naturally exist, both partially and generally,[10] in sexual areas. However, to touch on these leads well beyond the area of the pathological - back to the everyday as a broad bridge to clearly psychopathic phenomena of practical significance. –

From earliest childhood a close associative connection tends to be created between terms for the sexual and the repulsive. I take the basic ideas for this connection from the remarkable presentations of W. Stekel: it is an artificial product produced in earliest education by the way the sexual and the excremental are jointly treated and by their common subordination under the notion of "shame."

From that time on, the complex continues to exist throughout life - and, along with it, a great opposing tendency to push it aside. We are familiar with this conflict already as the cause of the fear of association, on the one hand, and of pleasure in cynicism, on the other hand. This contrast is an exponentiation of the mutually opposing forms of inferiority complex. Affective charge either flows from a revulsive concept to one that is sexual and forces onto it a false picture, or it goes in the opposite direction of lending a sexually affective intensity of pleasure to something of the deed that is revulsive ; we see the further development of the changes into a plethora of ideogenic disorders; we see as their center the aspect of overvaluing and as their most immediate and far-reaching expression delusions of reference [*Beziehungsideen*].

In its entirety it is an ideogenic context with comprehensive significance. The sequence of the phenomena: conflict – self-accusation – repression – overvaluing of neighboring complexes – delusional reference is an especially regular and dangerous chain of conversions. The complex suppressed by the conscious is self-accusation. –

Self-accusation, fear of oneself, hostility toward oneself are linked in an endless number of close relationships - among which is also an essentially contrastive association – to the ideas of accusation, of fear and hostility between oneself and the other. Self-accusation converts quite regularly into overvalued ideas of relationship and threat.[11]

Thus we see again – indeed, in a type of more than individual significance – the continuous development from the overvalued idea to delusion of reference and from there to paranoia.

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[10]Above all in the male, deep-seated, pernicious combinations of ideogenic connections – very frequently anti-social in their higher levels of intensity - develop in the area of sexual and aggressive instincts.

[11]Folk sayings and idioms reflect this connection – "The devil fears his own shadow." etc. – mythologies – *erinyes*! – literature – Macbeth – etc.

Freud found this mode of the genesis of paranoia in his investigations and explained highly complicated processes of transference – which we touched on above with regard to their most elementary features. In our earlier discussion of the inferiority complex with narrowed consciousness we have similarly been able to give an overview of the possibilities for the overvalued idea developing into delusion of reference and paranoia. Just as there, in the first instance, the inherent constitutionallowed a "split" personality to develop by standing in the way of unified total psychic activity – and only in the second instance the pathogenic experience - so, too, the psychic trauma leads here directly to a **split [*Sejunktion*]** in the purely ideogenic affection, through which it may come to a formation of the overvalued idea and from there to the appearance of delusions of reference and to a development in the direction of **paranoia.**

This side of the highest development that is reached through transition to paranoid psychosis, lies a continuous chain of more or less severely disequilibrious states with more or less deep-reaching, more or less dangerously overvalued ideas. These are particularly pointed to because they are, alongside compulsive actions and pathological drives, the criminally most significant single symptom of ideogenic affections.

If we have, up to now – I repeat: in representative types – touched on the most important general premises and the most important single symptoms of ideogenic disorders, then it remains for us to touch on the total effect of these processes as a transformation that is tangent to the balance of the mind in its totality. The unpredictable manifold and the collective extension of all the possibilities compels us to limit ourselves to certain general considerations. –

I must here return again to Anton's theory of compensation. If circumscript functional disorders and circumscript functional overload [*Überbelastung*] lead to compensatory functional takeover on the part of the areas that remain intact - and if that is a general principle of neural regulation – then the ideogenic split must become as well a starting point for that same compensatory activity. Already the aspect of energy transfer shows a curious parallelism to fundamental principles of functional takeover and functional relief. However, the phenomena of the generally pathological effect of complexes that are isolated by splitting [*sejunktiv ausgesperrter*] and 'incapable of becoming conscious' [*bewusstseinsunfähiger*] also appear in a particular light through the theory of compensation: "The relations ... of psychic balance mean something more than symbolical expressions."[12] It appears virtually

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[12] I would not want to fail altogether to point out highly interesting agreements between certain results of Anton's theory of compensation with important elements of Freud's theory of ideogeneity – as in the concepts of balancing, over-compensation, "cowardice of the nervous," of compensation through motor discharge – agreements that due to their diametrically opposed provenances appear almost as *sigillum veri.*

obligatory that the accumulation of psychic energy in a complex removed from normal compensation must lead to disturbed physiological balance and that this disturbance in balance must provide the stimulus for compensatory tendencies. The greater the scope in which the repressive processes extend, the more a blocked material develops; the greater the disturbance in balance, the more the demands on the compensatory efforts of the total brain, of the general overexertion and, finally, the fatigue of the total functions. If this expresses itself as fatigue and overstimulation, then a habitually neurasthenic state must finally develop. If this general disorder mainly expresses itself, however, in emotional reactions and in self-regulation of affects[13] – then the result is necessarily a typical picture of the inferiority complex [*psychopathischer Minderwertigkeit*].

Whether such a picture is from case to case present, whether we must speak accordingly *in toto* of an **imbalanced** individual – that we can only decide based on the criteria of the final total effect. And this final total effect is the biology of the personality, the evaluating, valuing, acting person. Whether this totality is altered in its central points - that is the question in each individual case. Ideogenic mechanisms are unconditionally capable of being the cause of such change. Affective personality components are each filled with very particular, individually acquired contents. That lies in the nature of affects: as inherent mechanisms, they can be associated, that is to say, emerge in definitively established relationships with acquired complexes. Ideogenic mechanisms affect these relationships. They shift first the affective emphases of individual complexes, then, however, the complex-content of entire affects as well. And then the unconscious begins to co-determine the scope and energy drive of the affects, their conditions and their limits. Then one can say that by way of the primary transfer of contents a secondary change in conscious activity has established itself. –

From everyday life I bring a simple and circumscript example of such character changes. It is a matter of a young man whose temperament was characterized, on the one hand, by uninhibited angry affect, on the other hand by a remarkable lack of every sign of revenge and grudges. Certain changes in his life situation necessitated the suppression of his angry affect, which, over the course of time, became completely successful. And step by step, along with the disappearance of the anger he underwent a character change: he became hard to appease, and he developed as completely new traits a tendency to bear grudges and to be sullenly rejecting. – Based on the circumstances, this change could not in any way be traced back to a third cause; only the explanation of a psychic conversion of suppressed affect was possible. Noteworthy were the ideogenic alteration of character traits

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[13]Anton, *l. c.*

that are otherwise generally taken for an inherent disposition. The transformation of affective elements according to quality and quantity - once they have reached a certain intensity and extensity – means a deep-reaching change in individual biology. For this, it is of decisive significance whether the leading affects and impulses of the personality become dependent on the transfering and repressing tendencies of the unconscious. Then the ruling affective values and their reciprocal variables are no longer determined by their own reciprocating power play but by uncontrollable influxes of energy from the unconscious. With that the quantitative relationship of the variables of the affects shifts; the basis of all affective criticism shifts. In the place of that inner collective of all driving inner energies on which the unified personality rests there emerges out of the unconscious the principle of reciprocal **repression**, of **systematic splitting**.

The result is a dissociated personality and its characteristic biological effect: the **affective lack of criticism** of feeling and valuing and the corresponding inferiority of desire and action.[14]

Based on these general criteria therefore, we decide if we want to count here a personality that is altered by ideogenic processes – and that would not be better attributed to psychosis or psycho-neurosis - as an inferiority complex, that is to say, imbalanced. The criterion lies in the word that means an acquired shift in "balance." The "balance" of the personality[15] consists in "balance," that is to say, in the right proportional weight of affective elements, of affective emphases, impulses, instincts. Whether this balance is disturbed or not, that should be what is decisive for us in the use of the term and the concept.

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[14]See below!

[15]Not to be confused with the elementary concept of "balance" of functions, with which we were concerned in the discussion of principles of compensation.

Chapter IV

Combinations of inferiority complexes.

We have discussed separately up to now the major aspects of **heredity** and **ideogeneity** – or, in other words, the primary anomalies of conscious activity and the primary shifts of conscious content. We have treated the two categories as though it were a matter of an either-or. In reality, however, the two great etiological forces blend in a relationship of inner connection that is mutual.

Above all: we know that also those illnesses that may be traced back to ideogenic mechanism frequently point to a hereditary aspect as well. We know that the various hereditarily encumbering changes in evolution may dispose to ideogenic illness. This may be degenerative aspects, but they may also mean direct hereditary impairment. Freud has in this sense recently seen syphilis as a hereditary source for such neuroses. For the present at any rate we may assume that not the degenerative transmission of a particular disposition or not that alone, but rather a shift, under unfavorable conditions, in one's genetic nature [*Versetzen der Keimanlage*] altogether should also be considered a hereditarily predisposing element for the emergence of ideogenic neuroses.

Accordingly, the supposition of a hereditarily grounded predisposition for ideogenic neuropsychoses will then have the greater likelihood if it is able to trace emergence of ideogenic mechanisms to the simplest and most general primary change in the principles of psycho-physiological activity.

I believe I may say now that for such a theory of predisposition a highly applicable perspective is contained in Stadelmann's presentations.

The matter is best understood if we recall Medelsky's [*sic* - Wedelsky's, LLM] physiological discoveries, from which it has emerged that in conductive nervous tissue stimulation and inhibition both rest on the same specific energy and that simple increase or accumulation of stimulating nervous energy leads to an inhibition or blocking [*Sperrung*].

This thought, through which the hypothesis of splitting and specifically the ideogenic split [*Sejunktion*] appear to gain a solid physiological foundation, allows us to more easily understand Stadelmann's discussion of the neuropathic constitution.

He assumes that neurotic diathesis – "capacity for fatigue" ["*Erschöpfungsanlage*"] consists of a facilitated emergence of "contrastive valuing" – ["*Kontrastwertung*"]. To this contrastive valuing corresponds physiologically, according to him, a turnaround [*Umschlagen*] of associative stimulation into an impediment of associative activity, which comes into its own as "dissociation." A sense of displeasure [*Unlustgefühl*] corresponds to this impediment of the conduction of the stimulus, and therefore he uses the expressions "valuing of displeasure" [*Unlustwertung*] and "contrastive valuing" synonymously. St. coins the formula: "capacity for fatigue – valuing of displeasure – dissociation."

The turnaround of the conduction of the stimulus into a blocking of conductivity is physiologically plausible to us, given the previously mentioned discoveries of Medelsky [*sic* - Wedelsky, LLM]. It will now also be understandable that based on a relatively simple diffuse alteration in one's genetic nature [*Keimanlage*] a relatively simple constitutional change is conceivable in the sense of a general easing of that transition from associative stimulation to associative inhibition, of the threshold for this transition being diffusely lowered. In such a change we recognize an alteration of primary physiological principles of the nervous system that appears suited for facilitating reflexive blocking of associative activity and thus of ideogenic splitting processes.

I would like, in order not to be misunderstood, to expressly underscore that with Stadelmann's explanations of capacity for fatigue, contrastive character and hysteria, I want to adopt a theory of predisposition and only such a theory. I believe that the onset, for example, of hysteria out of the basic changes described by him only then appears as a continuous causal chain if one thinks of the mechanisms Freud introduces as inserted between those elementary constitutional anomalies and the finished symptoms. I believe I may explain, for example, the development of the psychogenic "tendency to the forbidden" (see above) first out of a complex of ideogenic processes of repression and not immediately out of capacity as such. I believe also that ideogenic processes do not always unconditionally require a constitutional predisposition, but rather that it depends only on the intensity of psychic trauma for ideogenic splitting mechanisms to be triggered in a healthy individual as well.

I believe, however, that the "capacity for fatigue" in Stadelmann's sense, as he has presented it in his work on hysteria, is, as such, may lower the stimulus threshold for the pathogenic effect of psychic trauma and thus facilitate a predisposition for ideogenic illness. I believe I may be permitted to recognize here the physiological foundation for imbalance [*Desäquilibration*] in a narrow sense.

We have thereby constructed a sort of synergy of heredity and ideogeneity that consists in ideogeneity being reinforced through here-

ditary capacity. The particular frequency of ideogenic illness among genetically stressed and constitutionally morbid individuals has become plausible.

We can imagine another connection in that not only is the intensity of psychic trauma reinforced, but predispositioning mechanisms co-create and co-determine the onset and quality of trauma.

To the latter belong above all combinations of ideogenic processes with inferiority complex of the narrowed conscious type. We have already discussed a particular form of these combinations as characteristic for this psychopathology.

We reiterate the key elements: tendency to depression, isolation of affectively charged [*affektbetont*] complexes, affective overemphasis, affective lack of criticism [*Kritiklosigkeit*].

From this type, the most favorable condition for overvalued ideas may develop, which is the heightened affective emphasis and hindered comparison and intellectual correction of rigidly fixed complexes. I believe now that as a rule an additional ideogenic change is necessary, however, through which energy from the unconscious is distributed to a particular complex. -

It lies in the nature of this inferiority complex that psychic traumas are not lacking as triggers, and it is particularly suited for developing inner and external conflicts. First of all, these are people who have difficulty finding contact with the outside world and their surroundings, who are vulnerable and oversensitive, in whom affects become unusually deep and permanent and who tend to depression. It is the lack of contact, the "not being understood," that often already in earliest childhood gives rise to external conflicts, to psychic traumas that may become pathogenic. Further, the psychopathology, the "split [*sejunktiv*] personality," means that affectively charged complexes have the character of isolation and it is difficult to compensate for wrong associations. And this impediment to compensation favors emergence of incompatible contents in the conscious and repression of contents. It is plain that habitual subjective diathesis must facilitate the effect of active splitting mechanisms: the inferiority complex with narrowed conscious provides ample occasion for psychic traumas, reinforces affects and thus the intensity of traumas, promotes emergence of content incompatibility and, with it, inner conflicts, facilitates the splitting activity of ideogenic mechanisms and sets the course for ideogenic detriments in the sense of formation of overvalued ideas. Accordingly, we frequently find **overvalued ideas** to be a complicating symptom of the inferiority complex with narrowed conscious.

I have recently observed yet another specific influence of the habitually narrowed conscious on the development of ideogenic symptoms. The excessive rigidity of certain connections, the predominance of inner processes over external stimuli produces characteristic dominance by unconscious associations. The value of momentary impressions for mood is determined in an atypically high degree by connections being closely formed

with old – usually infantile - unrepressed contents, that is, according to previously analogous situations and without relation to momentary purposiveness. – At higher degrees this departure from reality approaches what has been called "autism" by Bleuler and Jung. There is still a further complication with ideogenic processes that grows out of specific features of the inferiority complex with narrowed conscious but which is no longer co-determined by them in its further development. The starting point for this complication is the frequent moodiness in the inferiority complex with narrowed conscious. Depressive affects bring with them their explanatory ideas, and, under the highly contractive energy of the inferiority complex, accompanying affects and ideas are welded together in rigid complexes that are rather detached from the remainder of the conscious.

In such a case, therefore, elements of the constitution that favor active ideogenic splitting mechanisms are effective in somewhat the same way as we have laid out above. The further development follows other paths, however; the effect of the inherent constitutional anomaly limits itself here to creating a psychic foreign body that outlasts even the acme of the inferiority complex, indeed, may be first properly set in motion precisely through regression of the most intensive symptoms. It depends then less on the constitutional foundation than on incidental situations in which direction the ideogenic complication further develops. With that, we leave the area of the differentiatingly typical. –

I want to add a case as an example of what has been said and of the composite and complex character of the inferiority complexes [*Psychopathien*]. It concerns a degenerate with narrowed conscious and severe depressions. Occasional heavy alcohol consumption due to frequent moods. Under the influence of alcohol, explanatory ideas for the state of depression gradually assume the content of jealous ideas that this individual excessively mulls over. Then later there is a regression of the affective disorders and, along with it, of the alcoholism as well. The ideas of jealousy accompanied by severe depression persist, however, as a fixed complex, although once the causing factors fall away, criticism turns entirely against them. Depressive affects no longer appear spontaneously, are triggered, however, once related ideas are stimulated from inside or out. Patient often forgets his dark thoughts for a long while and feels well; once the overvalued idea is awakened, however, by so much as a hint of a remote association, it overwhelms the patient and brings with it a long-lasting depressive affect. Patient then feels the jealous thoughts as something foreign, in the manner of a compulsive idea, and uses his energy to try to defend himself against them; says he must "suppress" these ideas with all his might. He describes his exertions of will as directed at pushing aside the surfacing complex, wherein he naturally is reinforced by the doctor's advice. Later he reports that the complex more and more "vanishes," seems like something

long-forgotten, appears to him like a memory of something dreamt. At the same time, with the fading of the complex a pathological aversion sets in toward people and things that have even the remotest associative connection with the content of the repelled ideas, above all against the person of the woman. The aversion appears to the patient as "sick, but irresistible;" it becomes the center for a slew of pathological reinterpretations and attitudes.

The consideration of this actual case takes us away from typical nosological combinations and is an example for, one may want to say, the regular structure of the inferiority complex [*Minderwertigkeit*]: for the mosaic-like composition of the final state out of individual elements of various provenance and quality and their welding together to firm complexes.

A plethora of individual mechanisms might merge for which the ones we have discussed are but examples and individual cases.

One may say on the whole that every conceivable pathological capacity that makes the patient have a hard time living, unable to adapt, and depressive predisposes for complication by ideogenic processes.

In applying this reflection, we can see that our assumption presumably involves the entire area of the inferiority complexes, with a single great exception: the inferiority complex with **flattened** conscious. We will discuss this inferiority complex again later in a similar separate treatment, proceeding on the same grounds. This psychopathology distinguishes itself from all the other forms of the inferiority complex through the heightened state of affect, through a pathologically light treatment of all experience, through the fleetingness of all emotions. That is a condition that directly precludes ideogenic complications.[1]

If we leave aside this one major category, then presumably the conditions that remain render more vulnerable, less resistant and with a weaker will, more irritable and more inclined to moods. Of this group, Stadelmann's "capacity for fatigue" and the inferiority complex with narrowed conscious were examples for us. Looking at the matter generally, we arrive at a sort of ideal schema for viewing the relationship of the combination of capacity [*Anlage*] and - ideogenic - complication in most general features. We want with that nothing other than to bring the key points of what has been said into an arrangement that corresponds to the general course of an inferiority complex.

The basis of an inferiority complex – as it distinguishes itself from the background of the constitution – is shaped by the subtlest innate changes in

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[1]The inferiority complex with flattened conscious, in its lighter and lightest forms, is commonly understood as especially good health, and the mental condition of these people is referred to as a "robust nature." At the bottom of this lies, as we have seen, actual experience, namely that of immunity against psycho-traumatic illness.

the organism. Corresponding to these are subtlest changes in conscious activity, which, however, escape our knowledge in their actual original form. They are from the start forced back and dammed up through the organism's self-support and modified through the levelling adaptation to the reality of the outside world and forced into more or less definite forms. The innate anomaly of the individual sets its own borders and focus. It determines the conflicts of the individual with the outside world and with itself with regard to intensity and quality. And now there results, as the close of the entire development, the complication with ideogenic processes.

Clearly, from case to case individual features depart from this idealized picture; others may dominate. One recalls that we have reserved the expression, degeneration, for the domination of hereditary elements, for the domination of ideogenic processes the word, " imbalance" [*Desäquilibration*].

It only remains now to underscore: With the sole exception of the inferiority complex with flattened conscious, the element of degeneration probably holds the greatest genetic interest, but mostly comes under consideration in practice, however, only for the most important symptoms, as a factor of predisposition. The ideogenic element is of decisive significance. To what extent this is in fact the case - that determines the possibility of effectiveness of psychoanalytic therapy.

Chapter V

Anton's theory of compensation.
The psychopathic constitution: periodicity and intolerance.

The ideal schema that we have just constructed and in which all the possibilities described up to now may figure, represents for us a compilation of the typical forms of the inferiority complex and its possible combinations. We have strived up to now to draw out of the great mass of phenomena larger, inwardly coherent complexes with closed causal chains, special forms of psychopathic conditions, and typical combinations of these special forms. We recall the premises that we placed at the head of all these inquiries. All the specific complexes of symptoms, specific types of unity and specific combinations in the area of the inferiority complex stand, as more or less well-developed differentiations, in opposition to a common foundation, the psychopathic constitution.

We noted earlier that this psychopathic constitution forms the common background for all inferiority complexes, that this background **recedes**, however, the more clearly the special type or the special pathological events are differentiated out. We have been justified therefore so far, under the - simplifying - assumption of pure individual types, in counting expressions of psychopathic constitution as a zero. We have, however, also pointed out that pure individual types are not the rule at all, precisely in the inferiority complex, that most cases offer not symptoms that are derived from the one particular type and mechanism or other, but rather, independent expressions of the general constitutional basis - that, finally, in a very large number of cases no unified or combined mechanism whatsoever may be constructed. What is characteristic in these cases then is only the presence of the most heterogeneous, vague, changing and vacillating symptoms of direct expressions of the psychopathic constitution.
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For this group it can actually and quite particularly be stated what we have emphasized for the inferiority complexes altogether in contrast to the differentiated "clinical" pictures: that the "tendency of containment" [*Eindämmungstendenz*] behind all pure and unified mechanisms and types is pushed back by the opposing self-defense principle of compensatory dis-

in effort. With that, the regulatory balance of such "poorly compensated nervous organisms" shifts, often suddenly and stormily.

Such an intercurrent disturbance of the compensatory balance may express itself in bi-fold direction. First of all it is possible that energy necessary for compensating the defect is absorbed through intercurrent increased difficulty in functioning, and the latent defect itself becomes manifest. Then, however, the opposite is possible as well. It may be that the compensation in itself is so well established, so firmly grounded that precisely here increased difficulty in functioning is not able to change anything. However, intercurrent increase in demands placed on the compensating brain in its totality allows exacerbation of general disturbances, or their surfacing. Finally, it is also possible – and probably the rule – that both these types of reactions work together, simultaneously or in alternation. The intercurrent disturbance in the function of poorly compensated nervous organisms may, alongside all these shocks to one's balance, also express itself, under circumstances, in determining that new intercurrent effect is impeded in a particular way. It has to be considered that the principle of compensation is not only a fundamental regulatory principle existing for pathological situations and that compensatory regulation might be effective, in a completely analogous way, in offsetting a circumscript overdemand on a function. In this sense, processing of a certain extremely affective excitation, compensation and distribution of affect, is a particular physiological compensatory effort.[5]

From this view it follows that compensation, that is, the processing of, say, an affective shock, is less likely to succeed, the more that earlier compensatory increases have already placed a demand on the brain. We will understand, therefore, if poorly compensated nervous systems are, I would like to say, "overwhelmed" in a specific way by affective excitations, when extreme affects gain a particularly exclusive and particularly long lasting dominance over the psyche of such an individual.[6]

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[5]For the compensation of excitation through abreaction as a compensatory effort, see Chapter III, p. 53 [P. no. from original text. LLM].

[6]One should note the complete agreement of this element with the relationships in my "type of the inferiority complex with narrowed conscious." – I intend to rework the problems of this psychopathy in the context of Anton's theory of compensation. Here I would only like to voice as an assumption that for this type it might be a matter of a quite specific competition of compensatory differentiation and containment tendencies. The fundamental psychopathic constitution best reveals its character as a compensating disturbance in its reaction to extreme affects. Then, however, the entire character of the psychopathy, the difficult nature and one-sidedness, the inability to make quick changes and adaptations, the inability to process numerous stimuli and contents, leads to a poorly compensated brain that is scarcely empowered to achieve new compensations. We have to assume then that the compensatorily determined general changes, for their part, through particularly focused tendencies of containment become again the particular functional type of psychopa-

Summarizing what has been said: The psychopathic constitution is the clinical phenomenal form of the "poorly compensated nervous organism." The psychopathic constitution expresses itself in two ways:

1. Through enduring vague and disparate **general symptoms;**

2. through emergence or exacerbation of **general symptoms** and manifestation of latent **circumscript** defects under the influence of intercurrent added stresses on the brain.

We want now to attempt to draw some important types of causes and effects out of the polymorphous mass of possible intercurrent added stresses and their pathological effects. –

It must be emphasized now above all that the intercurrent causes through which the acute disorders of compensatory balance are triggered – that these causes may also be such that they entirely escape observation and recognition. Vacillation in brain function may above all be triggered by biochemical detriments, and among these the most prominent again are probably disorders of chemical correlation of organs, the so-called disorders of inner metabolism.

If these auto-chemical processes reoccur in irregular or regular intervals, then they may be accompanied by disturbances in compensatory regulation the cause of which generally eludes perception. The results are recidivism and periodicity.

The same external effects also result then whenever intercurrent increased stress of unconscious processes is added, that is to say, the awakening of repressed material or psychic processes that are immediately subject to repression and thus escape awareness. These ideogenic causes may also be periodic if the pathogenic contents coincidentally connect to some sort of regularly recurring processes.[7]

To the most important causes of intermittent and periodical shifts of balance belongs the sexual element - as much through effects of ideogeneity by way of the unconscious shattering of emotional life, through arousals and drives, which, on penetration into the conscious, are subject to repression,

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thy - a functional type that even appears suited to giving the impression of a certain protection against hard to overcome new demands.

One must, by the way, guard here particularly against thinking of primary (latent) defects as broad disturbances. Functional impediments, on the compensation of which psychopathy rests, are most likely as a rule to be thought of precisely here as the most subtle and most highly situated obstacles, somewhat as results of particular difficulties and conflicts affecting sensitive natures, as unfavorable combinations of isolating capacities, etc., etc.

[7] I once treated a hysterical patient whose weekly-periodic moods coincided with the days and hours of a certain class – even later after the patient had left school. There was a close associative connection between the pathogenic complexes and the person of the instructor concerned. All these connections were naturally unconscious, and the symptom disappeared with her enlightenment, that is to say, with the correction of the split.

as through metabolic revolts of a sexual provenance.[8] The most obvious example for this latter modus is menstruation. This, however, occupies an exceptional position as something accessible to observation. For surely the large and for the most part hypothetical area of sexual physiology contains numerous analogous processes that are not obviously marked by external signs. – A competition of apparently chemo-physiological[9] and ideogenic alterations, the cause of which usually goes unnoticed, follows from sexual abstinence. –

The reoccurrence or exacerbation of phenomena of disturbed compensation in irregular or regular intervals and on the basis of hidden triggering causes, that is, the phenomena of recidivity, intermittency and **periodicity** belong to the most regular and important expressions of the **psychopathic constitution.**

Periodic phenomena qualitatively include virtually all possible pathological events. We may divide them, following our earlier distinction, into three major categories:

1. The appearance or exacerbation of general symptoms;

2. the manifestation of latent circumscript defects of the most heterogeneous psychic and neurological character;

3. the mixture of both categories.

The general symptoms are qualitatively differentiated in two ways. The simplest basic type is probably that of increased tiredness and irritability. That is, of periodic neurasthenic states with irritable weakness, with inability to concentrate, apathy, or over-excitability and malaise,[10] with a sense of mental and somatic indifference, dissatisfaction, etc., etc. – Periodic neurasthenia in itself does not yet belong to the inferiority complex; it forms, however, the rarely absent background for other periodic general disturbances.

The for us most immediately important form of periodic general disturbances is that of periodic changes in **affective reactions**: periodic moods, depressive and manic-depressive tours – which are rarely completely lacking – periods of angry, angrily elevated or angrily depressed changes in affect, finally the relatively rare moods in the direction of *eknoesis*. A highly characteristic and quite frequent change is the combination of periodic-

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[8]See Freud, "Drei Abhandlungen zur Sexualtheorie," p. 58 ff.

[9]Freud: Sexualtheorie, l. c.

[10]The anxious form of neurasthenia is not to be counted among the degenerative general disturbances but in typical neuroses in Freud's sense. The singular haste and lack of peace, the ill ease regarding sense of perception and position, the characteristic distractedness that may recall the impression of being "preoccupied" – all this speaks in a general way differential-diagnostically for a neurosis, indeed, for the converted expression of tortured feelings of tension of a sexual nature. – For the curious symptomatic parallelism of neurotic discontent, sexual dissatisfaction and chemical abstinence, see Freud, Sexualtheorie, *l. c.*

neurasthenic insufficiency and irritability with a mistrusting and angry change in feeling. The combination approaches genuine "affective capacity for rejection," that is, periods of morose, uncommunicative moods with a tendency to more or less developed delusions of relationship.

Of the circumscript periodic symptoms, we highlight the processes that are for us most important: the manifestation of delusional or at least overvalued or compulsive and drive-like psychic formations. Here belong various torturing, painful or brooding thought processes that break through periodically and take control of the whole psyche. Here belong certain overvalued ideas, usually of the nature of a guilty conscience, compulsive brooding, self-torturing doubts. It is altogether common that compulsive nature somehow attaches to periodically recurring pathological groups of thoughts. That coincides with the consideration that pathological psychic forms, if they are not perceived in some way as something foreign or at least problematic for one's self, do not give any cause for defense, but are probably perceived as foreign, that is, compulsive psychic forms. In these highly seated defects, the compensatory counter-action works through the subtlest means of blocking of one complex by increasing the formation and content of a different one, that is, by means of intellectual and affective correction and repression. Through these processes a contrast is created between the pathological formation and the remainder of the personality; and this contrast remains inherent in the pathological complexes usually even when the processes of compensation temporarily lapse due to some – hidden – damage.

It is a different matter, however, if a latent defect that breaks through is such that its manifestation is associated with a change in the state of the **entire** personality.

This condition is most easily satisfied when the recidivity of a pathological thought process combines with the recidivity of a basic malaise, so that now the pathological content seems acceptable. As a result of their close inner connection, this combination is particularly frequent. In an affective depression, a torturing doubt, for example, no longer appears foreign and irrelevant in an idea, person, arrangement or something else that is held dear, but rather as deeply justified. And the inverse frequently occurs as well and holds for us a considerable practical significance. In a periodic state of euphoria, all considerations and objections familiarly lose in subjective importance, and it may come to temporary states of great affective lack of criticism, in which something socially impossible is unreservedly believed, stated and carried out. And these states prove to be highly questionable often precisely when they combine with the manifestly expansive and aggressive ideas and impulses - ideas that are meanwhile subject to complete or at least externally sufficient compensation. -

Likewise leading to occasional changes is a different, clearly still more frequent group of processes, namely the suspension of labile compensatory

balance in the genuinely imbalanced, that is to say, in the presence of extended ideogenic repressions. In these cases the main aspect of compensation lies in **repression** itself being sustained.[11]

Repression can probably be abated by all reductions in general cerebral states,[12] that is, through ordinary sleep, which makes the creation of dreams out of the unconscious possible,[13] through incipient paralysis,[14] and all sorts of other things and also through hidden causes of periodic disturbances of compensation. When this is the case, then expressions of repressed complexes can take over from the conscious in a greater or lesser degree or even completely. The highest level of these disorders is the hysterical *second état.*[15]

States that mean an intermittent and quickly passing general - however slight - change in the total personality we refer to as exceptional states.

Alongside periodic appearance of general phenomena and more circumscript defects we have also mentioned as a third possibility the combination of these two categories. In actuality, almost every example used to explain mechanisms of simple forms belongs to the third possibility. General and circumscript disorders in combination is probably the typical form of periodic disturbances. –

No essentially new element results from combination, but we have to take another factor all the more into consideration. Periodic expressions of psychopathic constitution clearly repeat the entire

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[11]Repression is naturally the least effective form of compensation in a medical sense, since pathogenic factors continue and only the most apparent biological phenomena in the conscious part of the psyche are to some extent protected. Abatement of repression is a relatively small improvement, however, when pathologically determined. Pathological emotional eruptions mean a cessation of repression and can be seen as a safety precaution of the organism, but are no more than momentary relief - momentary "abreaction" - of excessive amounts of excitation. Extended results have no similarity at all to effects of an artificially dissolved splitting.

[12]One has to consider that active ideogenic splitting requires a certain intensity of energy and a particular arrangement of the affect of competing contents.

[13]Freud: *Traumdeutung.*

[14]Cf. my study on "Differential-Diagnostics of negativistic Phenomena."

[15]As an illustration of periodicity and social risk, I mention from memory a patient I observed, a severe case of hysteria. The patient, a very intelligent and well-educated girl, was quite calm a large part of the day, quiet, sad, a little dreamy, but completely oriented, appropriate behavior in every way, friendly and amiable. Daily at a certain time she entered a state in which she took me for someone she hated and delivered the worst attacks and affective outbursts towards me that I have ever seen. At the same time, her entire misapprehensions of situations and people were photo-identical, homogeneous and contextually uniform; her perception and orientation showed themselves to be prompt and correct, her psychological sensibility apparently intact insofar as it was not layered over with cumulative misperceptions – I would consider calling it a "delirium." – The daily state of agitation lasted about three hours.

pathology of the inferiority complex in concentrated, compressed form, and the pathology of the inferiority complex may be understood as a constant power play between tendencies of compensatory **differentiation** and **containment** [*verteilend und eindämmend*]. The periodic expressions of disturbed compensation encompass as a rule a very broad complex of the most heterogeneously general and circumscript symptoms, which from the start only belong together to a small part, to a larger extent, however, only occur together simultaneously as common results of a common cause, the disturbed compensation. This complex of coinciding disturbances, however, is regularly subject to the focused effects of a containing [*eindämmend*] counter-tendency, psychological expressed in a combined intellectual processing and ideogenic conversion that work to compress pathological changes into a unified pathological formation. Here belongs, as the simplest example, the welding together of affects and content in a self-sustaining pathological complex: The more richly symptoms accumulate, the more regular the periodic repetition, the more complex and fixed is the product of the work of containment. And the greater the role of ideogenic conversion, the more the end result distances itself from original basic symptoms. The more the original expressions of psychopathic constitution are subject to repression, the more the immediate phenomena of the disturbed compensation have been pushed out of conscious events, the stranger, the less rooted and curious the final effect appears.

It is perhaps common that intellectual adjustments shape various symptoms of periodically disturbed balance into a unified complex, as well as their being distorted and masked by ideogenic impact. The content of periodic psychic symptoms, additionally, may be effective beyond the period of acute disturbances and thus create a lasting, even if mostly unconscious reaction of the psyche. The more even the periods are, the more intensive their after-effect, the greater the influences of shifts and conversions, the greater the role of "expression through symbolization" in the end-phenomenon of the symptom – that much more rigid, more typical, more unchangeable, more sharply delineated, more independent and incomprehensible is the result in its final form.

The essence of these particular effects of the blocking energies [*eindämmende Kräfte*] is the converging development of the symptoms to a pathological form that is unified, clearly cut off, modified by "symbolic expression" and, through repression of its initial elements, freed from its context.

As common types of such states, I mention dypsomania, the impulsive drive to wander - in the sense of a true fugue, that is to say, wandering in an unusual state - then, in general, various periodic and recidivistic acts of

over-functioning coincides with a particular increase in the narrowing of the conscious and may produce ecstatic-dreamlike hours of inspiration.

Forensically interesting are those particularly pathological states of intoxication in which reduced affective inhibition together with excessively increased irritability appear systematically isolated. These phenomena of disturbed compensation appear in certain psychopathic individuals already at a stage at which specific effects of alcohol are not yet perceptible.[18] They are, then, disturbances that remain latent until an affective increase is circumstantially added but then goes over into the pathological with an explosive rupture of compensatory balance. – The forensic interest of these states lies in the fact that such individuals appear normal to the eye witnesses of their pathological affective acts up to the immediate emergence of the affect, that is above all they appear not to be intoxicated. – Thus these dangerous states also gain a particularly critical forensic significance[19] for the person concerned.

I believe that all those types of pathological intoxication deserve the greatest forensic attention that are not specifically concerned with pathological increase in the particular phenomenal forms of intoxication. Because precisely these are the cases in which the greater part of the change in the state rests on eruption of constitutive disorders in which, however, the existence of exceptional psychic conditions ordinarily escapes the eye. These states belong to a large extent to the most dangerous socially. This is true in the first place of the type just discussed, latent irritability, first

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[18]Or better still: in whom the alcoholic symptom of lifting the blocking appears earlier than all the other effects of alcohol through its coincidence with the general symptom of disturbed compensation.

[19]I was personally acquainted with a highly talented student, a psychopath with moderate narrowing of conscious who reacted to occasional use of alcohol at first only with an increased intellectual activity and more narrowed conscious. He would discuss complex problems and appear to be in good mental condition and above all completely sober. That lasted as long as he could follow a conversation. If this did not work, then he lost his confidence and became helpless. If the disturbance was such, however, that this even otherwise sensitive person felt irritated, an affective crisis of the deepest sort erupted. Then an explosively angry excitation broke out completely unexpectedly that usually went over directly into feelings of fear and threat and immediately led to very severe aggression. Then there was usually a misapprehension of the situation in the sense of fear and violent acts of defense. (The patient rarely drank and only in small amounts!) After a short while, usually only minutes, it passed, and his memory was usually only minimally clouded. Signs of epilepsy and hysteria completely absent; the unusual inebriated state only occurred together with corresponding affective irritation. Neither immediately before nor following the excitable state could any symptom of typical alcoholic intoxication be noted or any psychopathic change whatsoever, aside from the increased narrowing of the conscious, and this, too, appeared to the observer only as a deepening of the thought process. – With the passing of adolescence, the intolerance vanished as well.

because of the aggressive violence, then because precisely here often very moderate amounts of alcohol are sufficient, finally, above all because these people very often do not know the danger involved to their constitution of the particularly unfortunate coincidence of alcohol and affective stimulus.

It should be particularly underscored that the forms mentioned here are only intended to represent some particularly frequent types of pathological alcohol influence and that precisely here the conceivably richest material of individual possibilities can be observed. In general, every strange, ridiculous or contradictory act committed in connection with alcohol consumption and not explicable through the degree of intoxication, is usually an expression of psychopathic constitution. –

The second important category of causes as triggers is that of **affects**. As in alcohol intoxication, with affects it is a matter of a transitory increase in strain on the poorly compensated nervous organism with its typical possibilities; only the emphasis is concentrated now on very different types of effects. With affective arousal there may also be an intercurrent manifestation of previously latent circumscript symptoms, occasionally, as well, of rather broadly circumscript disturbances, for example, dysarthria, unilateral blushing, ataxia, etc.[20] However, the earlier circumscript symptoms have a small practical significance here. Of the general symptoms of the psychopathic constitution that are triggered, the disappearance of inhibitions and corrections is particularly significant. Psychopathic affect is definitively an intercurrent overwhelming of reduced resistance to an affective stimulus. The scope of the affect and the organism's reaction are disproportionate to the affectively triggering cause. This is the essence of the so-called pathological affective state.

The pathological affect *par excellence* is pathologically angry excitation. It is also the socially most dangerous and forensically most important; the pathological character of an anger attack is particularly fragile. We have to observe carefully the disturbances in compensation. Firstly, we see further expressions of the psychopathic constitution, however styled, mixing with pathological affect. Secondly, the effect of affective excitation on the nervous organism is severe and extremely possessing; clouding of the conscious is particularly widespread, accompanying physiological phenomena like turning pale or blushing, fast pulse, dyspnoe, tremor are particularly intensive, the affectively exceptional state particularly pronounced. The most valuable criterion remains, however, the presence of some other symptoms of the psychopathic constitution, above all of the phenomena of intolerance and periodicity. The subtlest of phenomena demand observing; particularly requiring study are intermittent changes in mood with regard to vacillations or

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[20] I once saw a performance of *King Lear* in which a senile handicapped gait as a symptom of affect was splendidly done.

performance, periodic sensations of nervousness or ill ease and similarly nuanced details. –

The second most important category of affect that I am familiar with as an immediate cause of phenomena of intolerance is sexual arousal. In this area also there are relatively longlasting disturbances in compensatory balance. And these disturbances express themselves in a general change in the total personality, in an exceptional state that expresses itself now as protracted alienation, now more acutely and vexaciously as a sexual rush. It is an over-functioning psychic area where reserve energies fail, where the compensatorily strained total brain can no longer provide for compensatory processing. The psychopathically constituted individual typically reacts with cerebral general symptoms to aroused and unsatisfied sexual excitation, but often, however, also to the unaccustomed sexual experience itself. Self-regulation of affects is more or less extremely disturbed; loss of inhibitions, labile emotional reactions, affective lack of criticism occur alongside a widespread overpowering by the dominating sexual affect. Changes in emotional reactions – alongside changes in content of the conscious – are so broad and general that we are right to speak of a general change in the total psychic personality, of a truly exceptional state. On this basis, certain acute psychoses may also emerge.[21] The clear majority of such states, however, presumably remains within the realm of intermediate psychopathic forms. The most important expressions, practically speaking, are the frequently extreme affective instances of lack of criticism, loss of inhibition, uncorrected impulses and drives, further occasionally expansive-delusional ideas of an erotic content,[22] occasionally also pathologically angry arousal, given the corresponding affective stimuli.[23]

Sexual intolerance, to my knowledge, occurs most frequently among women, presumably because for women the aspect of lacking practice, of insufficient familiarity and thus the increased difficulty in making comparisons is given – further as well because for women the sexual aspect tends to be warped into an incredible subjective importance by social countersuggestions.

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[21] I believe that here belong the so-called nuptial psychoses, the knowledge of which we owe to Obersteiner's valuable monograph. – Something essentially different are of course the neuroses of defense whose occasionally nuptial origin is noted by Freud. -

[22] Ideogenic processing and fixation of such elements presumably results then in certain erotic-paranoid permanent states, above all the type of the erotic persecutor.

[23] If the sexually exceptional state combines, moreover, with a different affective stress, for example, jealousy or being abandoned, then it must result in very particular phenomena of intolerance, in particularly extreme pathological affects. I think the so-called vitriolic assassinations and similar typical processes belong here.

Forensically, it is important to consider that antisocial and atypical acts committed by women in times of sexual tension must arouse a suspicion of phenomena of intolerance. A state of disturbed affective regulation, suspended inhibition, affective lack of criticism, along with extensive narrowing of conscious, must necessarily force to reckless execution all the impulses determined in the sense of the dominant affect. To determine the pathological aspect in such cases the same criterion as for pathologically angry affects and all similarly dubious processes may serve best: general proof of general or at least periodic and occasional expressions of psychopathic constitution.

Chapter VI

Affective lack of criticism.

What we want to carry over from above as firmly established is the often emphasized insight into the impossibility of attempting for the entire material a comprehensive, unified symptomatology based on nosological unities. We understand now that, presumably, scarcely a single basic symptomatic element is to be found that would be common to all forms of inferiority complex and to them only. What remains here is to cull some general points for an overview and above all newly determine some negative criteria. –

As out of question because causal for actual psychosis may count: confusion, disturbed orientation, incoherence, confused linguistic expression, motor and linguistic catatonic disorders, hallucinations and illusions, finally all types of diminished intelligence. Manic-depressive individual symptoms and their formation as a type confirm in greater intensity the diagnosis of psychosis but belong as rudiments to the most widespread symptoms of the inferiority complex. – The above negative determinations are naturally purely external, derived from the practical definition of inferiority complex. What is left after subtracting the symptoms that are understood as genuinely psychotic is the entire manifold of the most varied pathological mechanisms, the real foundations of which are, as we said earlier, to a large extent unknown. There remains for us therefore, so far as reaching a symptomatological general perspective is concerned, only the single question:

Do not all the most varied mechanisms that are possible in the inferiority complexes lead to some common and characteristic final effect?

We approach this question again by way of exclusion: psycho-sensory and psycho-motor activity, orientational effort, ordered thought process, memory and intelligence must be intact; of all the rubrics to which we are accustomed to divide psychic activity - arbitrarily enough - there thus remains only one in which final changes may figure without our having to speak of actual psychosis: the area of affective life. In other words: psychopathic mechanisms of the most varied sort that are, for qualitative and quantitative reasons, unsuited to alternate psychic functions, the disorder of which means real psychosis – all such subtlest changes express themselves in an alteration of precisely those psychic functions whose intactness represents the highest, subtlest and most vulnerable achievement: **affective criticism.**[1]

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[1]Cf. Chapter I.

With this expression, a complex of efforts is named for the inexplicably complicated mechanism of which the entire activities of the psycho-physical organism all work together and the results of which consist in regulation of affective values, in the measure of the affective emphasis attributed to the individual psychic contents. – It is a matter here not so much of a relatively simple and more constant determination of affective qualities as of an exceedingly subtle and variable measure of the relative **variables** of affect.

We know from everyday experience that to a certain degree we are successful in finding a common denominator for affective values of the most varied quality and thus in comparing them quantitatively with one another. Common speech gives us a summary expression for it: a greater or lesser "significance" of an affectively charged aspect.

This comparison of variables in the sum of the affective processes is what all valuing and speculative activity rests on and what determines the final, most nuanced decision about the attitude of the individual to his surroundings.

It is plain that affective criticism is of final and decisive significance in all questions of ethics and aesthetics, of tact and taste, altogether of all feeling and desire.

Further: affective distribution of value is of all the elements of psychic activity the most variable. It is the area in which the greatest individual differences are the rule. Indeed, one might be permitted to say that, altogether, normal differentiations of individuals as personalities find their final form and expression precisely in affective distribution of value. – This means, however, that precisely **here** the limits of the normal are the most indefinite, that precisely here distinguishing a "normal" individual can be nothing other than the thoroughly relative distinguishing of a **degree** of the average, adjusted to the efforts of adaptation.

The disorders in this area accordingly stand in an absolutely continuous connection with individual differences falling in the range of the normal and for this purely external reason – if no other elements determine the statue of a genuine psychosis – already have to begin with the pronounced character of psychopathic intermediate forms.

To that is added that affective criticism, as mentioned above, rests on harmonious collaborative efforts of all psychic mechanisms, that it is a particularly subtle and susceptible function, and that therefore each change in every possible psychic area, once it has any influence at all over general biological total behavior, over "personality," - that every such change whatsoever must express itself precisely in vacillation of affective criticism.

For these external and internal reasons and for the sake of clinical experience, we may dare to propose changes in **affective criticism** as

the common and indispensable character trait of all forms of inferiority complex.[2]

So far as these alterations in affective criticism come into consideration here for us as the fundamental feature of the inferiority complexes, we refer to them summarily with an albeit exaggerated expression as affective lack of criticism. As a clinical sign of affective lack of criticism we regard all attitudes, expressions and acts that have as their precondition a pathological change in the ability to purposively regulate the reciprocal proportion of the affective values attributed to individual psychic contents. In these terms we possess a criterion for distinguishing the inferiority complex, if not from the psychoses then at least relatively from the normal. –

Affective lack of criticism is above all to be kept principally distinct from disorders of intelligence. -

We perhaps do best to regard intelligence in a more narrow sense as the sum of all differentiating and combinatory forces that are at our disposal as psychic means for reaching an aim – in practical or in purely abstract areas. The purpose-setting forces, however, are the affective functions, and regulation of the setting of purpose is affective criticism. The quantitative measure of comparison for the affective value of shifting purposes we have referred to as subjective importance of purpose and striving, of wishes or of fears – following popular expression. All these differences in valuing have nothing to do with the level of "intelligence."[3] They are, in the first place, a matter of normal individual differences or, however, where we believe we need to assume a great distance to average purposiveness, the disturbances in affective criticism. – Where these disturbances externally dominate the biological totality of a psychic state, they shape what is characteristic for inferiority complexes. Their targets are the areas of feeling and desire, great and small. Affective lack of criticism expresses itself in the aesthetic of detail – as pathological tastelessness, as well as in the dynamics of the great strivings and decisions in life. – As a prime example of affective

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[2]It goes without saying that disturbance in affective criticism is a *conditio sine qua non* for confirming inferiority complex but is not proposed as a symptom that is, say, attributable solely to these intermediate forms. Out of what has been said immediately above, it follows that affective lack of criticism actually corresponds to the fact of psychic change as such. As characteristic for the inferiority complex *per se* one could perhaps argue: affective lack of criticism in the absence of all intellectual disturbances and all truly psychotic processes. – For a closer illustration of the true essence of affective lack of criticism cf., again, Wernicke's masterful discussions of the "levelling of ideas" in mania. Wernicke, *Grundriß*, etc.

[3]It probably goes without saying that affective lack of criticism must belong to all changes in psychic functions as well as to defects in intelligence. For a differential diagnosis between defective intelligence and lack of criticism as causes, the consideration may serve as to whether an uncritically valued complex is from the start unclearly imagined and therefore wrongly valued or whether clearly and fully conceptualized ideas have become tied up with paradox or distorted dimensions of affect. -

lack of criticism an expression should serve which in its triviality and apparently total indifference appears to me particularly characteristic and illustrative. – Of a famous actor who is known as an odd character and eccentric, it is said that he fervently and persistently insisted on getting a certain role, and when he finally got it, was a miserable flop. Everyone said he should have known that he lacked the talent for the role. He replied that he knew, but that he had happened to own a pair of *Nanking* pants that seemed right for the role, and since he owned the pants he wanted to make use of them. – This is an anecdote that has a far greater significance with regard to analytical judgment than at first meets the eye. – The actor judged correctly that not he but his pants were suited for the role. These sole intellectual acts that had to be performed are both intact. The third act that was necessary, and in which he failed, is a purely affective one: he wrongly estimated the affective value of the two intellectual premises. Indeed, not the qualitative affective distribution is upset – but presumably the quantitative comparison of the two affective values, the determination of their relative 'importance'. But that is what is actually characteristic in affective lack of criticism.[4] A second example, which I take from a splendid, highly instructive article by v. Muralt:[5] A person with a typical inferiority complex, who due to his unstable nature has gotten into a conflict with his in-laws, commits, almost exclusively for that reason, in collusion with his apparently similarly inclined wife, familicide and attempted suicide. – The mechanism of this horrendously extreme case is completely the same as that in the preceding anecdote. This second case as well has nothing to do with any aspects of intellect or of processing in a purely intellectual sense. The pathological lies solely in the subjective comparison of the two **affective** variables: of the painful conflict[6] on the one hand and of the drive for self-preservation on the other hand.

A third example: In one of his well-known stories, Maupassant relates how a woman habitually labeled her lover in moments of erotic ecstasy with banal and scarcely aesthetic nicknames, especially animal names; one must wonder whether such a case lies in a normal range or whether it already represents a pathological lack of taste, whereby for an intelligent person of higher standing it may be the latter. However, that question is less to the point than is the question of an analysis of a comparison of values. Here, again, we would be wrong to assume an underperforming intelligence in any narrow sense. That is already clear in that it would be a vain attempt to logically clarify what is contrastingly painful. One would find oneself limited to saying: "That has to be felt." Herein lies an important criterion: The intel-

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[4]Naturally with what has been said, only the ability of the paradox impulse to be realized has been discussed and not its origin! Of course an unconscious content, or rather its split-off affect, drives the whole.

[5]v. Muralt *Über Familienmord.*

[6]This conflict naturally contains the ideogenic motive!

lectual play of ideas may repeatedly create intellectual combinations and be presented in logical connections, but never the relationships of the affects to each other or to the aspects of ideas. –

In the situation presented by Maupassant it is a matter of two competing affective tendencies: the pleasure in joking and the estimation of the aesthetics of the situation. The normal dynamic of these affective tendencies creates in the healthy psyche a very particular resulting affect that signifies a clearly perceived resistance to use of jocular language contrary to the situation. Where this affect does not come about, however, the normal dynamic must have shifted. The index of this shift is the generally affective proportion, the importance of the affective tendencies. In our case now a psyche with a poorly developed [*unterwertig*] emotional life attaches – a tendency governed by higher level motives and trivial in the normal individual - a greater affective significance to a pleasure in joking than the - for the normal person infinitely important - aesthetic of the situation. The result of this erroneous affective comparison is an erroneously resulting affective state – a state in which the normal emotional rejection of the offense against the situation can no longer be felt.

We have dwelt longer on this example in order to derive some psychological criteria from it. We have seen now that we must seek the sources of a faulty behavior not in "intellect," but in affective criticism, if what is wrong cannot be "explained" but must be "**felt**;" further, a shift of the quantitative comparison of affect leads to a qualitative change in the resulting state. We have seen, finally, that the thus altered affective state can assert itself as an erroneous and disturbing element in the attitude toward the aesthetics of the situation. Precisely this particular form of affective lack of criticism we refer to – where it clearly exceeds the measure of the normal – as pathological tastelessness. – Pathological tastelessness is a particularly characteristic symptom of the inferiority complex with flattened conscious.[7]

We can now move to a phenomenon of general practical significance: pathological wanderings.

Insofar as it is not a matter of equivalents or other semi-conscious states [*Dämmerzustände*], it has not been possible to strike a uniform clinical grouping of these incidents and conditions. We come closest to a comprehensive view with the following consideration: For a start we need not locate the abnormality precisely in the existence of pathological motives. These may be present, but do not have to be. Generally, pathological and normal individuals share the same drives for change of scene. Problems, disputes, all sorts of dissatisfaction, on the one hand, desire for the new, for free space, for change altogether, on the other hand – this may not initially affect some-

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[7] I have heard of events quite similar to those in the above-mentioned Maupassant novel from the stories of a highly intelligent patient with flattened conscious.

one with an inferiority complex differently than someone well-bred. What makes the difference in the power play of motives is the affective significance of the one side or the other.

Qualitative difference in the final affective attitude depends on the different ways the greater significance is given. - Whether it is a matter of a pathological shift in affect or an individual difference within the range of the normal cannot, of course, be decided **solely** on the basis of this final affective result. We have to know the individual components, the affective significances of which were to be weighed against one another. We must bear in mind that precisely for varied, complex individuals, self-created motives, grounded in individual needs of the personality, may shift the relative importance of affective components in a direction that has a high correlation to a subjective purposiveness but deviates considerably from the average type.[8] Often therefore the possibility of individually adapted, extraordinary purposiveness must first be weighed. We have to assume, in order for the inferiority complex to explain a drive for wandering [*Wandertrieb*], that for the usual motives an abnormal affective evaluation is present.[9] What is constant in the great changeability of the phenomenon and its mechanisms must lie in such an expression of affective lack of criticism. –

The details we have discussed up to now illustrate how, given certain more or less characteristic data, symptoms are traceable to a useful differential-diagnostic criterion. We have been able to show that individual phenomena, for which nothing is known with regard to an origin but in which effects of basic anomalies appear, could develop out of a disturbance in simple, quantitative affective comparison. – On similar but somewhat more complicated principles rest the character traits through which the life style of people with an inferiority complex is changed in its totality, through which their attitude to complexly existential situations and conditions receives its special stamp.

Particularly the inferiority of "will-power" appears as a generally characteristic feature of the inferiority complex and is explained in its significance for the psychology of degenerates above all by Nietzsche. This researcher's conceptualization clarifies for us what we are to understand under the generally conceived expression "will-power:" Will-power means a hierarchy of instincts.

The sum of psychic energy available for carrying out an intention is greater, the more the individual's affective tendencies concentrate on this decision. This melding of the total affective energy available into unified drive [*Triebkraft*] occurs in every individual when absolute control in a specific situation momentarily lies in the relevant nature of the affect - when through a clear characterization of the circumstances a clear course of ac-

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[8]Cf. character of Prontov in Gorki's *Vagabund*!

[9]Or naturally a newly formed pathological motive, with which we are not concerned here.

tion becomes an absolute 'must.' The same biological state can be created by the suggestive power of an idea: the case of the fanatic. The same concentration of affects, turned into a constitutive feature of the character, means will-power. It presupposes that a few specific complexes have permanently gained a dominating affective value. These complexes will determine the direction of the decisions, and the total psychic energy will be at the disposal of these decisions. Only where clearly determined dominants are present and only in the sense of these dominants is will-power possible.[10] The nature of dominant goals, or which affects and drives have assumed dominance, has nothing to do with the scope of will-power as such. It depends on whether one instinct has won out over the others or whether the affect variable is evenly divided over a number that reciprocally contradict each other, are able to paralyze themselves. I would like to illustrate that with a simple example. Courage is a specialized, circumscript will-power. Courage is only possible when affective emphasis of persuasive motives for seeking out danger dominates absolutely – not, however, when affective emphasis on these motives, on the one hand, the drive for self-preservation, on the other hand, strike a balance. – The corresponding generalization of this obvious consideration is ideally apt for rendering the nature of the term "will-power" understandable.

Hierarchy of instincts depends on variables of affect standing in a relationship to each other that is quantitatively fixed; a disturbance in this relationship is customarily seen as the defining character trait of the inferiority complexes. With it, **affective lack of criticism** combines with **diminished will power.**

It therefore figures that in all forms of inferiority complex we can expect some sort of diminishment of will power. We have to keep in mind, however, that this is a term for loosely understood external biological behavior and that it is grounded in biological effect, not in nosological provenance. We must therefore expect to see the principle of will-power in a quite different sense, psychologically.

In other words: we have to expect that the disturbance of a biological act [*Leistung*] – of will-power – will be accompanied by quite different and somewhat oppositional psychological phenomena. Of these differences, one in particular stands out: The inferiority complex with flattened conscious occupies a special position. Its specific character trait is pathological recklessness; that is to say, a particularly strange form and coloring of pathologically inferior will. That such exists at all is evident in retrospect from our presentation. It is plain that in the flattened conscious, in the typical levelling of affective values, a "hierarchy of instincts" is out of the question - "strength

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[10] I would like to not be misunderstood. An individual with "will-power" will always assert this will-power when he sets himself some goal – even when the dominating goal is changed. It is a question of constitution, whether a dominating goal can be formed or not.

of will" is unimaginable as a constitutive character trait of the personality. What is peculiar and distinguishing in pathological recklessness *vis à vis* contrasting forms of psychopathic weakness of will rests on inherent euphoria, on a subjective feeling of power and confidence, through which self-dissatisfaction or doctoring one's own character is blocked from the start. The individual is incapable not only of a long-lasting and persevering exertion of will but also of the idea of such; he is altogether incapable of devising an integrated complex of goals. Thus there is also no consciousness of the defect, no sense of a weakness; and no opposition is visible between the wish and the ability. Whether or not such a contrast is felt and expressed, the weak will essentially remains the same aspect; externally, the picture is changed, however, considerably, and colloquial language, insisting on the phenomenon of contrast, speaks in a more limited sense of "weakness." – That a pathological reduction of the general strength of will thus appears in the particularly characteristic form of pathological recklessness – on that rests the special situation of the inferiority complex with flattened conscious. – In contrast to that, the large remainder of the inferiority complexes consists of characters who have a hard time with themselves and with life and in whom inner conflict, brooding, and the struggle for self-control, the failure of the mind to achieve, the unattainability and futility of striving, the deeply felt senselessness of exerting one's will dominate the picture.

The ultimately decisive aspect in these cases lies in the fact that fitting affectively emphasized complexes, drives and instincts into a multi-lateral connection, into a structured and graded unit, has failed. The source of the failure is a different matter: We have tried to clarify it, for a large part of the cases in question here, in a discussion of the inferiority complex with **narrowed** conscious. – Insufficiently comprehensive connections mean the impossibility of reaching a comparative evaluation of affective variables – hence there is, in the areas of evaluative and valuing feeling, affective lack of criticism, in the areas of will: hierarchy of instincts.

We can therefore say: psychopathic weakness of will is essentially identical with psychopathic inability to ground the sovereign dominance of any instinct, any leading value in itself. The energy of the will in the healthy mind [*Willenskraft des Vollwertigen*] rests on a tight reciprocity being formed for all the complexes that have been emphasized affectively, on a continuously streaming exchange of psychic energy through all the affective aspects, on their gradually developing and increasing concentration upon ever fewer collected points, on the variable of the affective value diminishing in favor of fewer drives and at the cost of the remaining ones. And, decisively, this concentration of affective variables must encompass the entire psychic personality with a certain regular grading. On the one hand, dominant instincts must be present, on the other hand the variable affects of related dominant values must be graded, down to the least, in a regular relationship. This

is the "hierarchy of instincts." The impossibility of forming the same means inferiority complex. Instead, a pendant of sorts forms: the overvalued idea, especially fanaticism. These pathological forms of a dominating complex are characterized by the psychic material not being encompassed in its entirety by the concentration of affective variables on the dominant complex and thus not being proportionately graded. Because the lack of criticism and the incorrigibility recognizeable in the pathological here both rest on the element of splitting, that is to say, on a deficient connection of the overvalued area with other material – in other words: on the fact that the overvalued complex is not sufficiently encompassing and not determined in a sufficiently differentiated relationship to the total psyche.

The phenomenon of fanaticism is worth discussing in relation to normal concentrations of affective values because fanaticism obscures disturbances in will-power, completely analogous to the subjective sense of power in pathological recklessness: the disturbance structures relative affective values as "weakness of will" in a narrow sense. A lack of strong impulses of will corresponds to a lack of dominant values, dominant goals. It is the lack of values and goals that determines the picture of a more or less extremely severe apathy. A goal is conceived, but lasting concentration of the will fails; one's energy fails to suppress blocking impulses that shove themselves between will and goal. The psychopathically weak will expresses itself now as weakness of the forces of drive, now as weakness of inhibition. And that is a highly significant aspect – for our particular perspective the most significant – the discovery of which we owe to Nietzsche. It is given in his brilliant definition: the real mark of degenerates is the inability not to react to something.

Why this is true we understand in a look back at Nietzsche's explanation of the concept of strong will. The reciprocity of affective emphases, in which he has shown us hierarchy of instincts, means, physiologically, that the effect of reciprocal inhibition [*Hemmung*] is differentiated, nuanced. Psychologically, the tighter the connections of the elements amongst themselves, the more not only the reciprocally stimulating influence, but also the reciprocally inhibiting influence functions energetically and determinantly. In this continuous game of close mutual reciprocity, when the domination by the one or the other and the subordination, by degrees, of the remaining affective elements builds up, the activation of a **principle of inhibition** governs affective elements, and it forces each one back into its particular limits. We must anticipate from the start, therefore, that a disrupted hierarchy of instincts will express itself in a loosening of inhibitions in control of the willing personality, which ground will-power as such. And with that we have the most important character trait in the biological picture of the inferiority complex, from a practical point of view. The inability to block [*hemmen*] an affect and affective impulse is in actuality the expression of pathologically **weak will.**

We now return again, in a somewhat more general form, to the last example, which served us in the discussion of detailed reactions: pathological inconstancy. – We have already observed that the most varied inner causes may have this character trait as an end result. If we look for a common denominator, then we arrive at a rather natural conclusion: A personality becomes inconstant that feels itself in constant inner opposition to the status quo and is bold enough to try to change. This consideration prompts us to assess such individuals carefully, because it is not only the person with an inferiority complex who gets into the situation of always and everywhere feeling ill at ease and finding relief only in change. Pathological inconstancy may be traced back either to complexes of motives in pathological recklessness or to a difficult, complicated nature. It is often a matter of individuals for whom, as a result of their constitution, a build-up of pathological feelings of displeasure develops over and over again, for whom the momentary environment is to blame for their mood, and who over and over again take that as the basis for their stereotypic hope for improving things by a change of milieu. There are, of course, a variety of basic causes for those pathological moods: primary depressions, a paranoid, warped outlook, neurasthenic irritability and impressionability – in addition, the real conflicts and disappointments that are, for every abnormal personality, life's constant accompaniment.

The sum of explanatory ideas that extends across these moods, offering hope for improving a situation by a change in milieu - the sum of these pathological suppositions is a motive of considerable value for its affective significance. The depressions are pathological, but not the drive for change, if it can be traced back completely to deep-reaching pathological affects. That, however, is true only for a limited number of cases; otherwise, a lack of proportion clearly exists between motivation and actual behavior. And then the actual criteria of the inferiority complex emerge: The motivation for change of place and situation is affectively uncritical; it is the decisive factor in the willed decision - a pathological weakness of will. Impulses that urge change are always there, even in the normal individual – who, however, keeps them subordinate to key values of his existence.

Where the hierarchy of instincts is not intact, however, where strong inhibitions are lacking, the actual impulses of the moment assume control; the will-power to block them is missing. A small irritation, a trivial quarrel, homesickness, boredom - the whole sum of incidental motives inclines one toward change; the individual with an inferiority complex is incapable of "not reacting" to these impulses. Ultimately, the pathological is always the same; only in its manner of external appearance and in language usage is there a certain difference. Where the disproportion between motive and action is felt by the individual himself, we speak of pathological **weakness of will**; where this insight recedes, where errors in

estimating one's feelings give the impetus, there we speak of affective lack of criticism.

We have also seen that under certain conditions[11] pathological inconstancy must be taken as an obvious expression of pathological weakness of will and that for us it was characteristic precisely for its most important form of expression, the weakness of inhibition. –

A further example. I recall the classic presentation of the psychopathic alcoholic in Dostoevsky's figure of Marmeladov. One recalls the wasted alcoholic's vivid descriptions in the bar of the nameless horror wrought on him and his family by his alcoholism, of his enormous guilt and shame, of the total capitulation of his exertions of will in the face of the vice. He speaks for countless others with similar existences. For all of these, alcoholism expresses the failure of inhibiting will-power, the pathological weakness of will.[12]

We arrive at the really central problem of our deliberations, the relationship of the inferiority complex to **antisocial behavior.**

We will only be able to bring out in summary the little that we have recently learned to recognize as the ultimately resulting biological effect of psychopathic anomalies. We can expect that antisocial behavior in such intermediate forms will now correspond more to the type of affective lack of criticism, that is, to the abnormal assessment of values, now more to the type of the simple pathologically weakness of will. The defective result of the competition of affective energy variables is the common characteristic.

The inability to resist antisocial or criminal impulses is a partial phenomenon of the general "inability **not** to react to something." Whether such an inability exists as an expression of a psychopathy that collapses the hierarchy of instincts, that is the forensic problem of the inferiority complex turned criminal.

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[11]On the drive to wander as a symptom of conversion see Chapter III; on fugues, Chapter V.

[12]*Ceteris paribus* – I mean that in an equal balance of positive impulses, that is, of unconscious complexes presumably all such pathological drives like alcoholism, etc. develop as their conversion.

Chapter VII

Racial and socio-biological placement of the inferiority complex.

Forensic data on degenerates suggests racial and socio-biological issues in the genesis and general structures of the psychic anomalies in question here. This brings to mind first of all an argument that sums up current knowledge in this area in the concept of therapy for society. It is an article by Hans Gross on "Degeneration and Deportation."[1]

The problem of degeneration insofar as it relates to the inferiority complex is only a segment of the general problem of degeneration *per se*. "Degeneration is the opposite of selection. Nature eliminates all who are not capable of the struggle for survival; culture seeks to bring even unfit individuals through difficult times by nurture, care, and a thousand means and to enable them to reproduce; nature seeks through natural selection to make it impossible for degeneration to emerge; culture presumably turns the dejected into "useful individuals;" it manages to create out of all these individual cases, however, the foundation only of what we call in its totality degeneration."[2]

Thus the protection and preservation of every sort of quality of poor specimens by culture, as well as its involvement in the reproduction of the species, circumvents restorative natural selection and so creates the basic conditions for every kind of degeneration.

This is a side-effect caused by the most significant culture-creating instincts and therefore largely unavoidable. The existence of the inferiority complex on the basis of genetic ballast [*psychopathische hereditäre Belastung*] is simply a manifestation of the inevitable results of the reversal of natural selection by culture.

In our particular case - of biological circumstances of the milieu influencing the upbringing of someone with an inferiority complex - certain complications make the problem still more profound. For its understanding we have to fall back again on Nietzsche's[3] thought processes. Culture not only limits natural selection to a greater or lesser degree; it also creates its own positive conditions for procreating and rearing, varied relative to the level and standing of the culture. This can be seen in an

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[1]Polit. Anthrop. Revue, August, 1905.

[2]Hans Gross, Ges. krim. Aufs., II. Bd., p. 70.

[3]F. Nietzsche: Genealogie der Moral and Jenseits von Gut und Böse.

example. – It is a well-accepted and forensically significant view that anger is an exceptional state related to psychopathy and forms a sort of link between the psychotic and the "normal" mental state.[4] We are inclined to think right away of "pathological affects." Anger is unconditionally an exceptional state with its own typical mechanism: it involves as a specific change a narrowing of the conscious, through which absolute concentration on the ideas and impulses of aggression is achieved by excluding all other ideas, especially all blocking ones, that is, above all, those of fear.

We see that anger has a highly specific biological significance for preservation.[5] Reflexive exclusion of inhibiting elements, above all of fear, make the individual remarkably capable of ruthlessly and menacingly repressing threats. The more perfectly this mechanism functions, the more robustly the individual is able to fend off his enemies, the more capable he appears, above all, in the struggle over a woman and reproduction. To begin with, therefore, typical anger, which goes hand in hand with widespread change in the conscious, is an altogether purposive, a "normal" biological institution. –

This criterion of purposiveness changes now with a single stroke, if due to culture a striving towards general purposiveness inserts itself in front of the individual one, if the angry individual's aggression brings with it a suppression, a punishment from the side of society. The same biological trait common to all well-adapted specimens now suddenly becomes an individually dispurposive one as well. And with that the situation emerges that has previously occupied us:[6] a conflict arises among selective biological tendencies, an outweighing of natural selection by social selection and thus a genetics of individually dispurposively equipped personalities [*einer Züchtung von individuell unzweckmässig ausgestatten Persönlichkeiten*].

A second example. Virtually all the psychic qualities serving as specific character traits of the "normal" female, as an expression of "feminine nature," essentially rest on generally reduced psychic energy and are therefore highly dispurposive individually, from the start altogether abnormal. The criterion for being adapted is altered by a secondary social factor, by sociosexual relationships. The greatest potential for reproduction shifts from the fully mature, individually purposively adapted female personality to an originally abnormal female type that cannot exist on its own, but which, rescued now from extinction through habitual care from the male, gains with its deuteragonistic psychic qualities the greater likelihood for being selected for a long sexual union, for high certainty of fertility and the most promising development of posterity. It is thus this new, originally abnormal type of woman who now has the opportunity to bestow traits on posterity, par-

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[4]Seneca: "*Iracundus insanire videtur!*"

[5] Especially if we concur with Nietzsche's seminal hypothesis that selection rests not so much on the struggle for existence as on a "struggle for power."

[6]Cf. Chapter III.

ticularly, through a clear process of genetic selection, onto female posterity. With that, however, natural selection is here, too, set back and displaced by a different, new process of breeding, the tendencies and effects of which are diametrically opposed to the natural selection of the strongest and fittest and which result in an inherently abnormal and inferior (feminine) type becoming over time the norm. -

The above examples, which could be multiplied at random, are intended to show that natural breeding has not only been pushed back by social conditions but also often replaced by other, to some extent juxtaposed principles of breeding. They are further intended to support a consideration that presumably is of importance precisely for the forensic view of psychopathic intermediate forms in general and individually. In every case of psychic behavior that deviates from the norm, I think we have to ask ourselves the question: Is it a matter here of a deviation from every conceivable purposiveness or only from present, average purposiveness formed out of social need and social custom? And in the latter case: Is it a matter of a process that at some time or other under other conditions, conditions of natural breeding was a correct adaptation?[7]

We want to first consider something else before getting to this question. - The problem is a familiar one, whether a natural connection exists between psychopathy and genius - indeed, whether genius is *per se* a psychopathic state. Surely in a certain sense one may answer the question with a yes, in agreement with the present state of biological anthropology.[8] The nature of genius, the mechanism of which is virtually unknown, may in general be defined: As it expresses itself in the brain's constitution and function, genius is a variety through which a higher purposiveness of psychic achievement is created that is not generally the case in the *genus homo*. Now the law of selection teaches us that the result of variability is in itself incidental, the final purposiveness of the variations a secondary effect of natural selection. Thus: only through variations that have been perfected and fixed by natural selection is a thorough and exclusive purposiveness to be expected. The emergence of genius is now always a first step and a beginning of the formation of a new variation. The only one, in fact, but that is only because selection, as it is reduced by social and culture conditions, is insufficient for further breeding of such articulated variations. Nothing is to be expected, initially, from an incipient new variation that has not yet been subjected to any

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[7]Cf. Cesare Lombroso. – I think Lombroso's concept of criminal and similar phenomena as atavistic is engaging as an hypothesis but its actuality depends on certain definite conditions. Atavism is one possibility for an anomaly – it may be that atavism that leads to crime, but presumably any other incidental anomaly or, just as easily, a very normal process may also lead to the same social result. Whether or not atavism, is decided in my opinion by whether an adequate adaptation to former conditions is the case. Cf. Nietzsche: Genealogie, etc.

[8]Cf. numerous publications of the Polit. Anthrop. Revue.

selective factors, other than mere difference in the most varied directions and, practically speaking, in the most varied values. That is presumably always the case for each individual example of a new variety: Out of the many and varied innovations united at the beginning within each single varying individual, it is selection that must first lift out the scattered purposive one. This, however, cannot yet emerge in the variation that holds a capacity for genius, and it must therefore be the rule as well that a genius is distinguished from the average type not only by abilities but additionally through a host of other mechanisms that are to some extent quite dispurposive and often explicitly pathological mechanisms. This might presumably be the main cause for the undeniable connection between genius and the inferiority complex. –

These are necessary considerations for understanding the broad social significance of degeneration and its deep inner connection with everything productive, innovative and independent.

I recall the expression of a brilliant psychiatrist: "Degenerates are the salt of the earth!" – We return to our problem of degeneration and breeding. We have seen that precisely in regard to the genius type the biological forces of selectional fixity are put out of commission. We have further seen that natural breeding is crossed and reversed by conditions of social communal life but that these social and cultural circumstances have brought with them their own genetic laws. But we have to assume now as well that the effect of natural selection is itself closed off in many directions and turned into its opposite yet still cannot be completely eliminated, that it frequently works in much lower amplitudes of success than under primitive conditions but still exists for really large numbers and in connection with changes brought about over the course of generations through principles created by social and cultural circumstances.

We may thus work from the premise that out of the mutual effort of the natural principle of selection and some genetic social factors a partially, if gradually adapting change in the psychic type emerges. – This change rests on the fundamental condition of all modifications of species, on variability. And here it meshes with the natural opposite for this variability, with dispurposive variation, with degeneration. Degeneration stands always and everywhere at the start of the reconfiguration of a fixed type. Purposive change is to some extent only a lucky single instance in the degenerative process. In unimpeded nature, everything dispurposive is quickly eliminated, and only what is purposive is conserved and fixed; therefore no degeneration maintains itself there. Under societal and cultural conditions, however, as we said, this selective process takes place, but infinitely more slowly, less articulated and in constant and insoluble connection with indifferent and dispurposive by-products of variability. Precisely therefore, we stand in the middle of the connection between evolution and degeneration.–

We may now return to the consideration we took up earlier and extend it. The question that we have to ask now in order to be able to conceptualize every individual form of degenerative inferiority complex in its connection with the biological conditions, history and development of the species will have to be put thus: Does the momentary specific deviation from the average type mean a variation that is in every sense dispurposive and incidental or a variation in the sense of a former purposiveness or perhaps in the sense of a future one?

To these two possibilities of variation, in which we meet the broad range of degenerative inferiority complexes, I would like to add the recollection of a consideration that probably shows best what is meant by what has been said. I recall the types of inferiority complex discussed in Chapter II. I may, I think, say: The inferiority complex with flattened conscious has the closest relationship to a **former**, the inferiority complex with **narrowed** conscious to a **future** purposiveness of the human type.[9]

This is not the place to go into biological conditions for the two types. Only this much may be said here: the broad (even if flattened) conscious is adapted to the rapidly changing manifold of unforeseen and heterogeneous external conditions, the deep (even if narrowed) conscious to the need for greatest concentration on individual, limited areas.

It is plain that for the former an adaptation to a primitive form of the struggle for preservation is present, for the latter an adaptation to the necessities of specialized and differentiated higher culture. It is naturally not the same psychic total picture present today as inferiority complex or that once meant or will mean a completed adaptation. What appears today as inferiority complex, as the product of degeneration, is the raw material delivered by variability, out of which genetically triggering and cultivating forces first shape finished adaptations, as they once were purposive or begin to be purposive.

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[9]Concerning the adaption of these two types to various cultural conditions see Chapter V of my "Secondary Function."

On Overcoming the Cultural Crisis

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These lines are a (belated) response to an attack
that Landauer made on psychoanalysis and on me
in his "Sozialist" and which I had to leave unanswered
at the time because Mr. Gustav Landauer
refused my article publication in his paper.
Today I touch only on the facts in the attack.
With regard to the personal, I will only say:
Mr. Landauer infamously twisted the truth.
Psychoanalysis is to be energetically propagated
and represented, by the way,
in a journal I intend publishing
together with Franz Jung starting in June.

The psychology of the unconscious is the philosophy of revolution; that is, it is ordained for it as the ferment of revolt in the psyche, as the liberation of the individuality fettered by one's own unconscious. It is called upon to inwardly create capacity for freedom, invoked as the groundwork of revolution.

The incomparable revaluing of all values with which the coming time will be infused, begins in the present time with Nietzsche's thoughts about the hidden motives of the mind and with S. Freud's discovery of the so-called psychoanalytic technique. This is the practical method that for the first time makes it possible to open the unconscious to empirical knowledge; that is to say, for us, it has now become possible to know oneself. With that, a new ethic is born that will rest on the moral imperative of true knowledge of oneself and one's neighbor.

This is what is overwhelming in this having to grasp new truth: that of what is real, essential, above all questions incomparably worth asking - of our being, our inner life, of us, of people up to this time we have known nothing, have not been able even to ask about it. What we learn to know, that is that

all of us as people, as we are today, only have a fraction inside us and know as our own of what the psychic personality encompasses in its entirety.

In every psyche without exception the unity of total function, the unity of conscious is torn apart, has split off from itself an unconscious that keeps itself detached from the guidance and control of the conscious and self-awareness.

I have to assume a general familiarity with the Freudian method and its main results. Since Freud, we understand dispurposiveness and deficiencies of psychic life as results of inner experiences of intensely conflictual affective content that were earlier – above all in early childhood – shut out of the continuity of self-conscious inner life as apparently irresolvable and since then continuing to work from the unconscious, uncontrollably and destructively, as contrasting motives. I believe that what is essentially decisive for the occurrence of repressions is given in inner conflict – what Carl Wernicke wrote about conflict as a cause of illness remains unparalleled – more so than in the relationship to a sexual aspect. Sexuality is the universal motif for innumerable inner conflicts, not in itself but as the object of a sexual moral that stands in irresolvable conflict with all that comprises value, will, and reality.

It can be seen that the real nature of these conflicts at their deepest level may always be traced back to a comprehensive principle, to the conflict between what is self and what is other [*Konflikt des Eigenen und Fremden*], between what is inherent and what is suggested – that is to say, learned and forced on one. This conflict of individuality with authority that penetrates one's inner self is more than ever before the tragic content of the childhood period.

Tragic precisely all the more, the more richly, the more firmly that the individuality is anchored in its own nature. The more intensely and earlier the capacity for resistance begins its protective function against suggestion and intervention, that much more intense and that much sooner the splitting conflict is deepened and exacerbated. Spared are only those natures whose capacity for individuality is so poorly developed and so little resistant that it virtually sinks into atrophy and altogether vanishes under the pressure of suggestions from the milieu – the influence of education – natures, whose guiding motives are in the end comprised completely of adopted foreign ideas of value and reactions. In such ill-developed characters an – apparent - health is maintained, that is, unimpaired collective functioning of the totality of the mind or, rather, of the rest of the mind. Every individual, by contrast, who in any way stands above what is today normal is incapable, under existing conditions, of evading pathologizing conflict and attaining his own individual health, that is to say, harmonious, complete development of individual, highest potential, preformed in inherent capacity.

From all of that one will understand that those types of character – in whatever phenomenal form they manifest themselves, whether protesting

laws and morals, whether rising in a positive way above the average or falling apart and falling ill – have been met up to now with disgust or admiration or pity as disquieting exceptions, and the attempt is made to stamp them out. One will understand that today a demand exists for countenancing these people as the healthy ones, the fighters, the progressives and for learning from them and through them.

None of the revolutions belonging to history have been successful in setting up the freedom of the individual. They vanished without effect, always as forerunners of a new bourgeoisie; they ended in a hasty wanting to align oneself in generally acknowledged normal states. They collapsed because the revolutionary of yesterday was instilled with authority. Only now is one able to realize that in the family lies the germ of all authority – that the union of sexuality and authority, as it evidences itself in the family, with its still practiced patriarchy, casts every individuality in chains.

On the Symbolism of Destruction

[Originally published 1913 in
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I introduce the following expositions by way of three concrete examples and note in advance that these are only to serve as examples and not as analytic material in the nature of proof.

1. Dr. Neumann of the Silesian State Insane Asylum related to me the following observation:

A six-year old girl is hurled to the ground in a game, suddenly and unexpectedly from behind with a push from an older boy. She falls on her knee and receives a harmless external injury. In conjunction with this, a remaining but clearly psychogenic extensor contraction may be suggestively remedied.

In this case a psychoanalytic examination could not be undertaken. But the case is of such classic simplicity, the structure of the illness so plain to see and for the expert so apparent, that any closer discussion is only for the sake of the connection.

If we recall the psychological facts of conception and birth that Freud has described as "infantile theories" and which are at present presumably beyond doubt for any analyst, then the deeper meaning of the picture and the aim of the illness are automatically given.

Freud's theory of "infantile sexual theories" states that in children's imagination sexual intercourse is typically mirrored in the image of rape of whatever sort, always of the woman by the man, in the picture of some sort of sadistic act, and that birth and pregnancy are projected in the infantile fancy as illness, operation, injury or death. The fact of this infantile symbolization is demonstrated by Otto Rank mythologically, above all through fairy tale motifs. How these infantile pictures of sexuality and birth develop, why they occur more or less with regularity and what conclusions are to be drawn from this psychological fact, must be dealt with later.

The case I related applies this infantile sexual view in a real event. A little boy throws a little girl to the ground in a game as a joke, in a sudden impulse. His action is determined by his unconscious; he carries out a sexual act the way his unconscious understands sexuality. And out of the same

disposition, in the same sense, what he does is grasped by the girl's unconscious: she reacts to the symbolic sexual act with a symbolic pregnancy.

That the girl's symptoms as described can only be regarded, in fact, as a symbol of pregnancy is seen in the basic principle, which we have to treat as a psychoanalytic axiom, that every phenomenon coming out of the unconscious – symptom or dream – must mean the realization of a symbolic wish fulfillment, I would like to say a tropism. Our essentially fatalistic way of thinking does not allow us to believe in psychic acts that lack a cause or that are meaningless or not adequately explained.

The sexual tropism in the described case is translated into life in an infantile way: with infantile vagueness about the nature of sexuality and infantile certainty and purity of sexual desire. The problem remains how infantile misapprehension of the manner of the sexual and reproductive event occurs and why it regularly assumes the symbolism of rape and illness, why the symbolism of "destruction" in Sabine Spielrein's sense regularly forms:

2. A doctor relates to me the following dream:

"A female animal, it is a dog at first. It is lying on the floor on its side; it has a newborn puppy with it. I pet it, talk to it and tell it to let me play with the puppy and that I won't hurt it, but it doesn't trust me. Then later it is a female pig. A woman is standing nearby – it could be my mother – and says something like the animal has been given a vaginal incision. I sense dimly that a phlegmon has been given, but probably an inverted dislocation, that it was a professional error, brutally careless, and I have a horrible feeling. Then I examine the wound. It is a terrible injury in the groin in which the head of the femur can be seen; the wound isn't dressed; it looks like it was pierced and ripped open. Like with a butchered animal.

For this dream a rather extensive analysis was possible. The most essential element of the dream, the birth motif expressed through symbolism of destruction, requires no analysis, however – as is singularly demonstrated in the birth motif being formulated one time unveiled in adult knowledge of reality – in the dream scene of a female with a newborn baby boy – and one time "regressively" in infantile symbolism – in the dream scene of the injured animal,[1] first direct and then in a symbolic form. In the medical pictures, the secondary reformulation of infantile nature of symbolism of destruction for the birth process is simply superficially disguised.

Problematic in this case remain first of all two additional elements: The nature of the driving wish motif and the meaning of the animal symbolism, the presentation of the principle "woman" through the symbols "dog" and "pig". Insight is given in a second, separate dream scene from later the same night: the dream scene of a homosexual situation. The analytical investigation yielded the solution of both problems in the following direct and – for the

[1]Association to a wound in which one sees the head of the femur: the head of a child, visible in the vagina.

dreamer himself – highly surprising idea: "Because women are so much like dogs and pigs that they get children, I wish I were homosexual."

As the tropistic core motive of the first part of the dream, a phantasy of sadistic murder emerged that can be traced to unconscious retention of infantile symbolism of destruction for sexual and reproductive processes. It is the same mechanism that in the first case is transposed into life and in the dream motif is at work as a prerequisite: sexual impact on the unconscious of the One on the unconscious of the Other or a reciprocation of infantile unconscious forms of sexuality from one person to another. The fact that the strongest possible inner denial works, in a sadistic means of expression, against sexual drive explains the remarkable succession of direct and indirect dream presentations of the same motif that was previously underscored: the sexual tropism has a harder time surfacing, and thus it does so, rather than in its direct form, as modified by reality, in its subsequent sadistic symbolic form. The real dream wish would, in this view, be translated: "Rather than live in heterosexuality weighted down by phantasies of destruction, I would prefer to be homosexual." In this final formulation, the associative idea referred to - that first had to appear as a brutal paradox - proves to be a direct expression of the deep conflict in effect in the unconscious between total ethical attitude and forms of the sexual drive.

3. In Franz Jung's novel "*Kameraden!*" a young woman summarizes her dislike for herself in the words: "I hate all women. I'd like to be a man and homosexual." I am in a position to add that these words were directly taken from the history of a neurosis, as is typical of this masterpiece of psychological realism. –

The expression in question leads us directly to the vast problem that Alfred Adler has rolled out under the term, "male protests." What is in question is shown in the words that I. Birstein uses to express the basic principle of Adlerian thought: "As the sad result of the social prejudice of the superiority of the male element, the following schematized, emotionally juxtaposed attitude develops: the inferior, female, weak, finding oneself 'underneath' and, on the other hand, the healthy, male, strong, finding oneself 'on top.' As a consequence of this unconsciously dominant emotional attitude, the end attitude results in the woman's "male protest – the wish to be a man."[2]

In itself, that a woman would like to be a man, is doubtless explained in the "social prejudice of the superiority of the male element" – we will return later to this fundamentally significant fact. In the novel by Jung to which we referred, the words of the woman contain, however, yet a second wish that presupposes complex mechanisms and that will not allow itself to be automatically explained through a "tendency towards security" in Adler's sense, that is to say, out of the "self defense of the personality, or out of an effort

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[2]Zentralblatt für Psychoanalyse IV, 7/8.

that works in opposition to the sense of inferiority working its way into the conscious."[3] The problem lies in the second part of the sentence: "I would like to be a man and homosexual."

It may doubtless be that this second desire cannot be explained through the woman's feeling inferior in regard to her femininity and through her tendency to overcompensate for this sense of inferiority. Out of purely egotistical striving for the perseverance of one's own self at any cost, which Adler and his school see as the sole operative principle in the genesis of all expressions of the unconscious, only the wish to be a man in the ordinary sense of "manliness" could develop in a woman, that is, to be someone who rapes women.

The complicated motivation may be understood by comparing the last example with the previously related dream. Common to both cases, that is, a man and a woman, is the element of the wish to be a homosexual man. It seems clear that at the bottom of this common aspect of a single wish there must be a motivation that is similarly common to both a man and a woman. And this motive is not stated in the case of the woman, to be sure, but is nonetheless plainly in view as an analytical result in the case of the man's dream; and it can be carried over, presumably, without force, into the psychological construction of the last case. We have already summarized the formula for this motive: it is the wish to get free of the heterosexuality that is weighted down with infantile material in the unconscious, that is to say, to get free of the tropisms of the symbolism of destruction that encumber heterosexuality. –

We want to consider now what has come out of the three cases and what we were able to conclude. Each time at the basis – in part analytically demonstrable, in part clearly deduced – the unconscious retention of the destructive-symbolical formulation of ideas of sexuality and birth, the essential principles of which figure in the unconscious as the rape of the male by the female and their result as sickness and suffering. In the two other cases, both of which concern adults, inhibition outweighs: it is the struggle against the tropisms of destruction that manifests itself in both these cases as an unconscious wish. In both these cases – both for the male and for the female - we have arrived at a reconstruction of the motive of a wish to have nothing to do with a woman because sex with a woman means a rape of a woman. And this motivating wish, in its psychological nature, is an ethical one.

Psychoanalytic literature has acquainted us with the significance of a moral motive as a component of inner conflict. W. Stekel has brought to light the conflict-arousing effect of religious-moral motives, and I. Marcinowski has insurpassably clarified the character of pathologizing inner conflicts as the result of irresolvable contradiction between human nature and existing moral value judgments. A fundamental direction of ethics, which is in question

[3]Zentralblatt für Psychoanalyse IV, 7/8.

here, has nothing to do with moral value judgments, however, of which Marcinowski says: "Morality is fear of avenging demons," and which I myself have referred to as "the sum of all foreign suggestions, which we call education." It is far more a matter of a primitive instinct inherent in the human species and aimed at maintaining both one's own individuality and a loving-ethical relationship to the individuality of others; and to the concrete understanding of the nature of this instinct one may add: a striving to neither allow oneself to be raped nor to rape others.

This presentation is only meant for its significance as an heuristic principle, as a larger work is underway. For the moment it needs to be emphasized for the sake of discussion: the basic ethical instinct in question comprises - together with the sexual symbolism of destruction in the unconscious - the conflict between two pairs of antagonists: on the one side, not allowing oneself be raped and not wanting to rape, and, on the other, the felt determination of the most insurmountable drive as raping and being raped.

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"In my experience with sexual problems, one question has particularly interested me: why this most powerful drive, the drive to reproduce, contains alongside *a priori* anticipated feelings negative feelings like anxiety [*Angst*] and repulsion, the latter of which have to be overcome in order for one to act positively." Sabine Spielrein's provocative study, "*Die Destruktion als Ursache des Werdens*,"[4] begins with this problem. With these words, the deepest question is broached that modern psychology has to offer, and it is flung out in the generality with which it encompasses humanity. I add what I once wrote: "The psychoanalyst's clinic comprises all the suffering humanity causes itself." [*Die Klinik des Psychoanalytikers umfasst das ganze Leiden der Menschheit an sich selbst.*]

In the depths of the human mind we find a conflict that rips psychic unity apart; we find that this conflict is in each individual, that this divisiveness of the mind pervades the whole of humanity; and this realization tempts us to see suffering itself as inevitable, inner conflict as something "normal." Scientifically, however, we have to reject the idea that anything so dispurposive might be species-specific behavior, inherently species-specific for humans.

This consideration brings up a sociological problem in the psychology of inner conflict. I have expressed such a view in my work *On the Inferiority Complexes*:[5] "With its incredible significance, sexual conflict has to be recognized as a generally occurring social and psychic expression. Within the family milieu, the typical circumstances of the child's education determine the exogenous etiology of ideogenic change; the high suggestibility during the

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[4] Yearbook for psychoanalyt., etc. Research 1911, Vol. IV, I., p. 465.

[5] Braumüller 1909.

childhood phase determines the endogenous. From early on, inherently individual tendencies and the developmental and assimilated tendencies suggested by others are the main streams of the pathogenic conflict. Early suggestions in the direction of education and the need for imitation within the family milieu determine the foreign impulse that invariably opposes one's individuality and thus determine lasting pathogenic conflicts. The really divisive contrasts within the torn psyche are only possible as the opposition between what is oneself and what is foreign to self [*des Eigenen und Fremden*]. I believe I may say: The psychoanalytic healing of ideogenic divisiveness is the liberation of individually preformed purposiveness from suggestively determining foreign will in the infantile surroundings."

With the beginning of experience, the child in the existing family experiences that its inherent type of nature, its inherent will to itself, its will to love, which are with it from birth, are neither understood nor wanted by anyone. That no answer is given to the challenge of salvation: of keeping one's own personality and being able to love by one's own inherent laws. To this challenge no one gives an answer except one's own knowledge of being rejected and defenselessly suppressed, one's own awareness of the all-consuming loneliness all around. And to the boundless fear of the child in loneliness, the family, as it now exists, has the one answer: Be lonely or become as we are.

No one is capable, even as a child, of being without love: It is impossible because the drive for contact with others sustains the species as much as does the striving to preserve one's own inherent nature. The child in the existing family has to become like the others in its surroundings: if it belongs to the majority, then more or less entirely; if it belongs to the few who lose neither their inherent type of nature nor their inner need to strive toward it, then only in part.

The fear of loneliness, the drive for contact, forces the child to adapt: the suggestions from foreign will that one calls education are incorporated into one's own will. And so the majority consist almost solely of foreign will that they have incorporated, of the foreign type to which they have adapted, of the foreign being that appears to them completely to be their own personality. They have by nature become by and large uniform because the foreign will of all, of which they consist in reality, is, in its deepest nature and ultimate goals, uniformly directed. They have spared themselves an inner divisiveness; they have adapted to things as they are. They are the majority.

But even if there is not one who is able, such as things are, to keep the imposed foreign will completely at bay: there are such who are able to never completely lose their own nature. The fate of these people is the inner conflict of the innate and the foreign [*des Eigenen und Fremden*], the inner divisiveness, the suffering through one's own self. It is the human type with

whose enduringly guiding motives it remains incompatible that they have made the first great compromise.

Fear of loneliness, which is the first inner experience of the child, is determined by the contrast of one's own inherent type of nature with the surroundings, and this fear involves pressure to adapt to others. Only the tendency to become like the others opens up for the child the opportunity for satisfying the drive for contact, and it alone contains the possibility as well, not for preserving one's own type of nature, that is true, but for proving oneself in an adapted fashion *vis à vis* the others. The child's fear of loneliness is the first, original and decisive demand for a transformation of the will to preserve individuality into the "will to power," the unforeseen significance of which for inner conflicts has been demonstrated to us by Alfred Adler's brilliant research.

With this transformation of the will to preserve one's own individuality into the will to power, a complete dissociation and opposition of the two originally harmoniously united drive components is given, for which we have found, earlier on, the formulation: not to allow oneself to be raped and not to want to rape others. And alone this secondary, acquired juxtaposition of egoistic and altruistic tropisms yields the pair of antagonists in the inner conflict that finds dispurposive expression in the struggle for preservation in Alfred Adler's sense.

As a result of the opposition, of the reciprocal friction in inner conflict, both the antagonistically established drive components are more and more distorted through overcompensation and become hypertrophic. As a result, the power play between not wanting to be raped and not wanting to rape expresses itself in the modified form of an inner conflict between the two impulses of will to power and self-sacrifice.

The question of a tendency to self-effacement is a problem that A. Adler's research has failed to bring to a completely satisfactory solution. It seems to me its true nature is better understood when surrender of self is taken as an expression of hypertrophic distortion of the excessively strained basic instinct of not wanting to rape.

It has already been noted that the capacity for preservation of one's inherent nature and its basic instincts is highly individually differentiated. It has been said that they are only few in number in whom an inherent, species-specific nature and its basic instincts are able to remain effective. And the ethical component of inherent instincts – what we have referred to as not wanting to rape – is also subject to individual changes, such that it manifests, if only in a minority of individuals, the components of inner conflicts. We have to admit therefore that for most cases there might be a virtually unlimited significance of Adler's concept of inner conflict between the purely egocentrically oriented antagonists of the personal anxiety belonging to the inferiority complex, on the one hand, and, on the other hand, the overcompensating striving to prevail. But I repeat that this concept proves inadequate

in cases in which the element of surrender of self becomes apparent. It seems to me that the aspect left most problematic by Adler's explanations is the phenomenon of masochism, in the broadest sense of the term. These questions require more consideration. We have to return, however, to the problem with which we began: to the symbolism of destruction in sexuality. The sado-masochistic complex of phenomena is simply the clinical form of the expression of sexual symbolism of destruction raised to its highest level. This may be generally formulated: sexual symbolism of destruction is the result of sexuality interlocking with will to power and self-surrender in their final acquired attitudes.

This is nothing more than the definition of an essentially obvious fact. For us, the question arises as to how this interlocking of drives comes about. We may assume, to begin with, that the physiological elements of sex and reproduction, the elements of defloration and birth that stand in a relationship to the symbolism of destruction have no more significance for the occurrence of symbolism of destruction than those of the material that produces the content. Facts of nature on which a simple, obvious reaction is automatically based are never the reason and real core of inner conflicts and conflictual symbolism. Symbolically projected unresolved conflicts develop in response to facts that have become too hard for a person to react to purposively: to facts that one has to keep on trying to change. That is to say, both unresolved inner conflicts and the symbolism of conflict, which emerges as an expression of the unconscious, develop under the pressure of overwhelmingly unbearable facts of the surrounding societal and familial order.

I have mentioned above Birstein's summary of Adler's expression, that inner conflicts and their resulting phenomena are "the sad consequence of the social prejudice of the superiority of the male element." Stated more precisely: the sad consequence of the existing position of the woman in society and, in particular, within the family order. When I said earlier that sexual conflict "has to be recognized as a generally occurring social and psychic expression," then going back to its deepest origin, this is to be explained: the development of the existing order has been a trauma that has encompassed human history and all humankind and brought on the inner suffering of human beings.

To judge from the results of anthropology, there can no longer be any doubt that the existing family order, the patriarchal family, is not one that has formed alongside the development of humanity from the start; rather, it represents the result of an upheaval of a different type of previously existing circumstances. The free matriarchy, the so-called matriarchy of the original group, is recognized by modern anthropology as the original institution. The nature of the matriarchal institution lies in the distribution of material care for the woman as mother over all the men in the societal group – or entire tribe. Matriarchy grants the woman economic and thus sexual and human independence from the individual man and positions the woman as mother in

a relationship of direct responsibility *vis à vis* the society, which figures as the representative of an interest in the future. In their ideas of a golden age of justice and a primeval paradise, the mythologies of all peoples contain the memory of the prehistorical state of free matriarchy. And that the hope for a better human history must be directed toward a return to free matriarchy – that presumably is no longer in doubt since the work of Caspar Schmidt.

Considerations as to what that constitutes belong in our specific area, according to Marcinowski's liberal theory that we psychoanalysts are called to help people in finding a liberating worldview. And for heuristic reasons as well: only by putting oneself into a positive order are we able to learn to recognize what constitutes the negative or what is traumatic.

As to the process of transition from the old matriarchy to the present existing family structure, a currently plausible theory suggests that the existing form of marriage has as its origin a so-called rapine marriage, that is to say, the foundation of the existing patriarchal family rose out of a practice with regard to female slaves captured in war. That is, the connection of sexuality with motives of rape – the sexual symbolism of rape that pervades humanity – goes back to a universal sexual process of rape as its humanity-encompassing etiology. Be that as it may, in any case we must realize that the existing family order is based on the rejection of women's freedom, a fact which finds its necessary psychological expression in inner sexual conflict, or more precisely stated, in sexual symbolism of rape and destruction.

The basic principle of every societal order is a material provision for women in order to support motherhood. In the existing societal order, the patriarchal order, the individual man provides support for the individual woman's motherhood, meaning material and ultimately universal dependence of the woman on the man for the sake of motherhood.

More so than any other drive, the maternal drive in women is doubtlessly an inherent and indispensable basic instinct; and with its alternative that women either reject motherhood or reject occupational freedom, the existing societal order creates opposition and conflict within two essential basic instincts in the woman: the specifically maternal drive versus the common human drive to maintain one's own independent individuality.

Maternal instinct belongs so intensely to feminine nature that inner opposition to this instinct can only manifest itself psychologically in a negation of one's own femininity, in an inclination towards masculinity. Thus one's entire will to be independent, free and self-motivating must, in a woman, combine with a negation of one's very femininity, resulting in a form of homosexual attitude. And, similarly, from the necessity that women give up their individual independence in order to be a mother, a connection develops between the maternal drive – that is to say, the desire altogether to be a woman - and an end attitude of human and sexual passivity, that is to say, a masochistic drive component.

From what has been said earlier, it is obvious that the conflict between these two end attitudes, this deepest inner conflict of the woman only remains intact where an unyielding will to hold onto one's own individuality and freedom, a will not to let oneself be raped, can maintain itself. That means in the very few. The vast majority of women find their inner balance and unity in the denial of their own individuality, in personal as well as in sexual passivity. Yet in all women there remains, - whether consciously or unconsciously, whether with an inner yes or an inner no - the inner feeling that with their sexuality and their motherhood they are letting themselves be raped: the symbolism of rape and destruction for sexuality and motherhood. Just as in all men, whether consciously or unconsciously, whether with an inner yes or an inner no, a feeling cannot be shaken that their sexual relationships to women are fundamentally that of rape.

THE BASIC CONCEPT OF COMMUNISM IN PARADISICAL SYMBOLISM

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It seems to me right to awaken interest just now for a work in which three thousand years ago the idea was laid down that the entire edifice of civilization since the destruction of the prehistoric matriarchal-communistic order of society has been fundamentally wrong, and the recapturing of the lost good through the overthrow of the authoritative system established since that time is the redeeming mission of the future. The words of the misunderstood One - these great thoughts in the history of the mind - have since been distorted through misuse and drawn on to sanction the same authoritarian institutions that were damned in such incomparably clear language. Precisely now, when the reinstitution of the communistic ideal that he prophesied has begun to be fact, this thinker may perhaps be understood. . .

The problem one has with language when one meets foreigners in a strange country is the same mysterious difficulty a child has in learning its mother tongue, but for an adult, that mystery is turned into incomprehensibility. The level of mental activity we can observe in childhood is incomparably higher than that of any other phase. Ensuing pressure of adaptation and repression separates adulthood from its origins and spreads forgetting over that first period of awakening, over the not yet refined experience of the workings of the world and of one's own being. Only a glimpse remains in the unconscious of one's inherent nature and its predetermined capacities – a dim, restless urge and search - and one's own lost possibilities are projected over and over again into the supernatural.

Quite naturally we expect something similar to be true for the process by which the species develops - for the total development of humanity. The same outside pressure - to which the authoritative principle of institutions subjects each individual as the power principle within individuals themselves that separates each individual from his own individually derived qualities and

values – also divides humanity as a whole from its initial period and the first unravelling of species-specific inherent possibilities. It appears that deep meaning lies in those myths that trace a race of giants [*Übermenschen*] into the past, to the beginning of humanity.

It makes sense that the alphabet – as can no longer be seriously doubted – was a creation by early stone age hunters, to whom tilling the soil was something foreign, who were without settlements, without fields, and without real crafts and that precisely on this lowest rung of civilization true art first began, then disappeared and was for many thousands of years forgotten under the increasing development in the area of material, technical, political achievements.

The long phase of civilizing development - the organization of the dominance over matter and life by way of an increasingly great burden on individuals and individualities - separates us from that prehistoric age of animalistic, primitive organization and control over matter and from the enormous supra-human possibility opened up for the mind to unfold – that, however, is: the sacrifice of the mind, of the spirit [*Geist*] itself for power.

The organization of rule over nature and people - the creation of material culture and authoritarian institutions - forces development of specific power and detailed knowledge at the cost of the whole of the personality, specific differentiation and activation together with adaptation and denial, affective attitude of power and submission in place of freedom, unfolding powers of capability and action at the cost of experience and being.

As each individual accomplishes his most amazing achievement of learning to speak in the beginning of his life, while there is still a productive plethora of inherent free energies, so, too, were the highest creative acts altogether able to complete themselves before progredient domestication reduced the mind [*Geist*] to talents of dominance and submission - the creation of the human qualities themselves and of the concept of culture, the conceptions of community and communication, of abstraction and language.

From that prehistoric time the highest ideas of humanity are still passed on. To us moderns they have become conscious as our coming day; antiquity felt them still as memory. As values of the oldest age of humanity, of the "golden first period of time," the Roman Ovid captures the ideal of remotest future in architectonically simple stature: "...*Vindice nullo sponte sua lege bonum*..."[1]

Combining substance of memory and remote goal, the classical version of prehistoric inheritance,[2] Genesis in the Bible, recognizes the highest value of

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[1]"Without law and authority, out of one's own impetus the good..."

[2]As a preface to the following with regard to understanding the text from Genesis: Of the two variations of the creation of woman, the second, the story with the rib, already from the content and spirit of the episode and from its contradiction to the first version would appear - even without reference to philologically conclusive textual criticism - to have been added later as a non-integral element. It should therefore

all in relationships between man and woman remaining free, above all, from authority and power - spanning the entire problem of human fate from past beginning to future completion.

It is strange one is never able to escape inner pressure enough to read Genesis objectively – strange above all that some particularly clear formulations have not provoked more thought.

It is stated in Genesis in the clearest words that marriage and women's dependence are to be regarded as evil and as the consequence of god-defying behavior. (III. 16)

The profound significance of these words grows when one considers that the pronouncement with which the act of the first humans is condemned is to be interpreted not as "vengeance" or "retribution" – the conception of the god concept in Genesis is far too high a one for that – but rather as a manifestation of godly insight into the laws of causation and the depths of the soul – as a prophecy of the unchanging, continued effect of a given cause. The words of God are thus to be read: "You will, because you have done this ...." – as the determination of a consequence.

The origin of the family in its present form, as a woman's dependence on a man or the patriarchal marriage, is thus a consequence of the fall from grace, which results from inner, that is to say, from psychological laws. Its real nature must find expression in the internally determined final result of the act.

In the text, only the first sin is referred to with that often questioned symbol: Eat of the tree of knowledge of good and evil. What is the meaning of this symbol? (II. 17)

A negative aspect is above all notable here. Interpretations pointing to sin of pride or disobedience are not worthy of discussion. The god of the Genesis conception "is not like a man that he is angry."

Further: In no way does the symbol of the fall from grace apply, in itself, to sexual intercourse. We do not need to recall the leading words: "Be fruitful and multiply." The creation of humans as sexually differentiated beings is sufficient for us to recognize how absurd it is that sexual abstinence might be commanded or even conceived of. One cannot doubt, however, that the forbidden act concerns sex, because its results touch this area. These are so characteristic that a wrong conclusion as to the type of sin seems hardly possible - it is incomprehensible to me how repression was able to block the way here.

The immediate psychological effect of the committed act is the emergence of sexual shame. (III. 7) Therefore an act has to be assumed, as the first consequence of which the knowledge of the purity of everything sexual, the free variable in the experience of every sexuality, was itself lost, through

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be left aside. For creation of woman, only the words are relevant: "... And created the human according to his own image and created a man and a woman and spoke to them: Be fruitful and multiply...."

profound inner change. This means, therefore, an act suppressing sexuality, an attitude of the inner relationship to sexuality – in any case a sin against the nature and meaning of sexuality.

Now by means of an unparalleled artistic technique for using symbols, the assumption is implicitly made throughout the story of the fall from grace that each recorded life expression of the two people that is to stand symbolically for prehistoric humanity creates a defining element, which is thenceforth to be considered valid. A niveau is compellingly established that does not allow anything out of the events to be experienced as singular and limited. One is lifted into a loftier knowledge that it is a matter of accomplishments or failures that are decisive for all time to come.

Thus in the consequences of the lost act it is a matter - like that in the single related event of the first automatic reaction, the sudden hiding of sexuality - of a lasting transformation, of something that has remained so since then.

The fall from grace itself is therefore a process in prehistoric time through which the structure of society, as well as the character of each individual person, was decisively reshaped and, socially and psychologically, new guidelines have been forced onto all of humanity. To be traced back to this process therefore: the negating value judgment of sexuality and the familial order under male authority.

What the nature of this process was can now no longer be uncertain. Only one thing can be meant: the departure from the free matriarchy of prehistory that is recognized in Genesis as fatal human error and decreed a sin against godly spirit and will.

The dominant motive in the Genesis tragedy is thus the total shift from an initial phase of formative society to a development in which every human becoming, experience and course of events is blocked: the change of orientation from endlessly unfolding matriarchal spirit to the structure of a new family and society based on the principle of authority.

Now the symbolism of the story of the fall from grace begins to emerge in its narrow sense, the expression "knowledge of good and evil."

With insight into the basic problem of the work, one cannot help but recognize the content of the symbol, which through the very choice of words is given a sublimely simple form. "Knowledge of good and evil" can logically have only one meaning: the creation of a canon of values and norms. It is the creatively norming power for giving form [*Gestaltungskraft*] that, animated by foresight into the final consequences of the new orientation, is placed in Genesis on the same level as an equality with God.

One scarcely needs to further point out that it is an absurd interpretation to want to see - in contrast to what is said - an already existing canon of values, that is, the inherited norm of distinction of good and bad, as an achievement beyond human measure.

The tragic guilt in the Genesis drama is that a being, horrified already and suppressed by first consequences, filled by all-too human motives and not able to view the results of the innovation, presumed to draw up new statutes - setting with his error the balm of future development in a false direction, as a usurper of godly authority imposing world-encumbering law, wrought by humans and eternally new blasphemy against God's work.

Thus it is seen that in Genesis a cultural catastrophe is spoken of through which the patriarchal concept has become the dominating principle.

This is the great revaluing of all values through which humanity has given life its existing authoritative character and created those norms that today prove neither organic nor assimilable, but reveal instead in their foreign nature that they are always and everywhere a contagion of unending inner conflicts and self-destruction through sickness and decline.

Present research into prehistory traces the establishment of the patriarchal system of justice to the spread of the practice of owning female slaves won in war, for which there are cogent arguments in ancient marriage rights in legends and ceremonies of rapine marriage, etc. Contrastingly, one must add that violent processes, the reality and universality of which are beyond question, can be explained as a secondary extension of the destruction of the old matriarchal justice and thus psychologically more readily grasped.

Thus the true fall from grace that led to a catastrophic act would be, according to modern prehistory, an act of rape on the part of the man. In the words of Genesis, it is the woman who, in the counsel of an evil principle, – a symbol of the unconscious, I suggest – first gives rise to the founding of the new moral and judicial order, the unforeseen results of which have been the debasement of everything sexual to an object of shame, the instituting of patriarchal justice, the loss of freedom and human dignity for women and, with regard to the spiritual atmosphere of a transformed world – only this can be the sense of God's words to Adam – the hollowing of man's deeds, the weight of the spirit and the spread of materialistic values over the earth.

In the text of Genesis, it is said that the woman promises herself amenities and advantages from the projected change – it is made clear: advantages of a trivial sort – and for the sake of these motives causes the fruit to be divided – this cannot be coincidental: the primeval universal symbol of making contracts.

The psychology in play here begs illumination. We can construct its most essential features from a view of the community in matriarchal society and conditions of its decline.

The first and foremost problem of all economics is the labor that serves women's maternal functions. The communistic solution of this problem is the matriarchal legal order, which is at the same time the most perfect form of socialization altogether, freeing each and uniting all by making the social body itself the center and the guarantee of the highest individual freedom.

The matriarchy knows no barriers and norms for sexual activity – no morality and no regulation. It does not know the term patriarchy and does not support its being individually acknowledged. It assumes motherhood to be the finest, the society itself as the legitimate judicial representative of the accomplishments it has brought to the coming race, and hands over to the society all obligation for material accountability – knows therefore no reason for proof of paternity, which the patriarchal society cannot dispense with as the key to determining the individual responsible for material support, that is to say, requiring prerequisites of such indispensable proof to begin with for sexual exclusivity, making these the tenor of their total morality and their institutions.

Herein lies the crucial natural distinction. The matriarchal legal system divides the totality of all potential rights and duties, obligations and contract between individuals, on the one hand, and society, on the other hand. The patriarchal institution shifts the focus to legal relationships between individuals amongst themselves.

With regard to power in the matriarchy, self-sacrifice can only be of significance within the relationship of the individual to the society, and any sense of power only collectively.[3] In the reciprocal relationship of individuals to one another, space is given for relationships to unfold that remain utilitarian and free of authoritarian features and motives of power. Matriarchy keeps the relationship of the sexes free of obligation and morality and responsibility, of economic, judicial, moral arrangements of power and submission, free of contract and authority, free of marriage and prostitution.

It is hard to imagine through what motives people might have led to give up such good. The fact only becomes conceivable through the precondition of negative nature on which Genesis builds: that at the time of the transformational interventions, one was not able to see the resulting events. Genesis does indeed fundamentally recognize that godly spirit has been assumed in the enterprise of introducing new bonds and, thus, new criteria for values. The presumptuous interference in godly work, the hubris of such an attempt is the tragic guilt in Genesis; and for the artistic demands of its presentation it is enough for this motive to be developed. Therefore we get from Genesis only a hint of woman having promised herself an advantage from a legal and contractual element between the sexes.

For such a spirit a transitional period is necessary, filled with the upheavals of civilization, with new technical forms and presumably with an atmosphere of incipient uncertainty as well, a period of variations, a chaos of degenerations and new possibilities, periods that for us, the encumbered, are entirely hope, but which, for a humanity that had the utmost to lose and nothing comparable to gain, were a gaping abyss.

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[3]The formidable symbolism of the tower of Babylon, carried by an entire society united in its unrestricted self-awareness, speaks to us of power and something supra-individual.

The critical point in the matriarchal legal system – or as we might also say: in the society that is from its smallest unit upwards communistic – is its social complexity: its precondition is its own tightly integrated cohesion of the groups that it enables to flourish. Re-establishing it again on a broader basis will be a major task in the future as a correction of the ages old guilt for having let it once fall in the first burst of social complexity.

It may be a matter of a phase in which increased exploitation of nature allowed a decentralizing economic system to appear more convenient. This was the first rise of the new economic individualism against the old social morality: it was the development of ownership. It appears to have also been brought by Genesis into connection with the discovery of cultivation– that is to say, at least the suggestion with regard to cultivation may be explained in the prophecy of pending catastrophe.[4]

A time of dissolution therefore in which the structure of society, as well as the natural sense of a relationship of individual to individual, disrupts morality, a time of external as well as internal uncertainty as a background for women's hope of greater security and more generous individual support for the difficult situation of motherhood. That she believes she will be better cared and provided for if a single individual is obliged. Contract, obligation of an individual in place of the previously accepted guarantee of society. The problem lies in offering something in exchange. In this aspect of offering something in exchange, the error of the new order is concentrated, the incompatible moral conflict of the new morality. What the female offers in exchange for economic aid from an individual is obviously and principally sexuality, which Genesis shows us in the immediate results: the inversion of feelings, to the point of regarding sexuality as an object of shame.

The content of the new legal order is thus the female's selling herself in prostitution and marriage and the first direct result of sexual shame.

The next consequence is then the authoritarian family, the structural element altogether of authority as institution.

It is above all something of ineluctable coincidence that turns the sale of sexuality into a terrible catastrophe with ponderous consequences that above all bring about the transformation of value in the sense of sexual shame. The consideration seems only all too obvious: in order to allow any sort of activity to be purchased, in order to be able to demand recompense for a mutual action, it must first of all be put into question that the mutual action itself served a common interest, could have sprung from a common desire.

On the side of the female, who is to be compensated for sexuality, sexuality must be put forward as an evil, as something not wished for its own sake, only endured by her, in contrast to the utilitarian and active nature of a

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[4]The negative value judgment about agriculture, to be sure, cannot be evaluated with certainty in the literature of a noble class of Bedouin origin. It is not satisfactory, however, to want to explain a word from this thinker solely as aristocratic pride.

specifically male sexuality. With that begins the all-determining fiction of the opposition and mutual misunderstanding of man and woman, incorporated over generations more and more deeply into the unconscious, feigning more and more an institution of nature and an inherent difference between the sexes, begins the compulsion of the custom of affirming, relative to active or passive sexual behavior, the woman's obligation to false reserve and the man's right to abusive brutality – with that begins above all the awful fixation that sexuality is in itself an evil and an alienating motif endured by some, bought or forced by others, two egos against each other instead of being the natural symbol for lifting borders between "I" and "you."

Sexual shame - which lends such devastating expression to people's conflict with everything that is true and alive in them – is the telling gesture of a sexuality that has ceased to be a mutual interest. In its place has stepped the struggle of opposing interests, that is, a struggle for power in which and by which the will to power develops more and more as an end in itself, becomes more and more an automatism and makes the battle between the sexes something natural.

The never-ending struggle for power creates its own external boundaries and bonds in a fixed relationship of authority.

At the same time society has ceased to guarantee the individual anything more than merely essential material advantages.

With the development of the economic individual the developmental potential vanishes for individuality and true relationships, the precondition of which is the uplifting effect of intact individualities on one another. The struggle of the individual for power, above all in the form of possessions, takes on its permanent societal form through negotiation of a more or less stable state of equality, of justice – which we know since Nietzsche as a system of balancing between the like-powerful. – And with that the familial and social order of authority and justice has solidified, the fundamental recognition of the conflict of interests of all against all, now in latent, now in manifest form – "until to dust you shall return."

To the thinker in whose view the entire development of culture was aberrant, the picture of the future of the irrevocably catastrophic setback, of self-recovery and renewal, must have been foreseeable with a more than human knowledge.

In fact, through him the idea has come into the world which has now passed from generation to generation in the most striking mutations and with the most absurd, to some extent grotesque interpretations, yet has never again been fully suppressed: the idea of redemption.

Redemption could for Genesis and for us have only one meaning: the reversal of each and every effect both of the wrong course of development on which humanity finds itself since its turn from the matriarchal-communistic order of society of pre-historic time and of the founding of family and society on authority and hierarchy.

Genesis prophesies the onset of this redemption through women's inner uplifting. Woman will tread on the head of the same principle of evil through which monstrous waywardness once came into the world: on the principle of power, rigidly fixed as a balance in the eternal struggle for power in all human relationships, as the cold peace of right and duty, on the barren principle of authority.

Genesis is right: a genuinely new and lasting form is to be anticipated from a revolution that destroys the original principle of authority, solves, in a communistic way, the primeval problem of all economics, initiating overthrow from the inside and entrusting once again the care of mother and child to society as an economic unit.

This upheaval, which will restore to economics its original motive and return society to natural grouping, must be taken beyond the necessities of life, beyond the will to power - by a spirit that recognizes in freedom the empowerment of truly human relationships and grants each individual the highest good – still more in others' freedom than in his own.

The true liberation of woman, the dissolving of the existing patriarchal family through the socialization of maternal care, re-establishes every individual's vital interest in the society, which forthwith guarantees him the potential of highest freedom, of boundless freedom, and interests each individual, from wherever he may come, to the same degree in the struggle against those institutions which now exist.

The groundwork for such a revolution must effect the liberation of each individual from the principle of authority that he carries inside, from adaptation to the spirit of authoritarian institutions that has formed in him over the course of a childhood in the bosom of the authoritarian family - liberation from all the institutions the child has absorbed from those in his environment, which, both to him and among themselves, have stood for the eternal struggle for power and which remain enslaving, after such a childhood, for everyone, without exception: liberation from original sin itself, from the will to power.

What is so profoundly shattering about that tremendous thought engulfing a world and its history in the idea of a fall from grace and redemption is the knowledge that all that we can conceive of as the highest fulfillment, that we can ever hope to achieve as the greatest upheaval, that the furthest-projected goal ultimately of the future can only be the undoing of an error of humanity, only the recapturing of a goodness and of a niveau lost an unimaginably long time ago, only the redemption of inherited guilt and its damning effects. No really new creation, but merely, as the highest that can be attained, a full recognition of the complete error, primordially, in everything – a backward-reaching revaluing of all values, a will to the reconstruction of the primordial basis for relationships, society, and the development of culture which may then begin.

What has been achieved over the whole long course of humanity up to now – were it to be abolished in the great struggle, we would accept the loss. The highest that the mind has been able to achieve up to now has been the realization of a single thing three thousand years ago – that all, all is error, a false development and a travesty and that the highest, the redeeming act will be the nullification of this entire development and all that exists through it.[5] It is the inner fate and determination of the revolutionary, alone, if it must be so, knowing his own insular orientation, among enemies and allies alike, to the proclamation of his message from the future, to carry the revolutionary secret of redemption and to take on himself, if it may be so, responsibility for the overthrow of all that now exists and for the struggle and force released, perhaps against the will of an entire world.

"God spoke to him: Your son, who will come after you, will build my temple. Not you shall build my temple: for you are a man of war!"

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[5]The opportunity appears to be given for reconstructing the singular cultural-historical picture of the milieu that may have given the first impetus to the development of the idea in Genesis. The thinker of Genesis must have been motivated by the struggle between the authoritarian-theocratic monotheism of the prophets and the Astarte cult that was decisive in the fate of ancient Israel and its extensive intellectual sphere of influence. All that at that time remained intact of feminine freedom and dignity must have been concentrated in the Astarte cult. The orgy as cult act was a defense by the free matriarchal society itself of the positive value judgment of the sexual aspect, and in the priestly authority of women the past spirit of womanhood was still alive. In order to suppress the Astarte cult, the prophets created male religious monopoly in Jewish religious services, through which the characteristic debasement of women found its way into the Jewish, and, from there, into the Christian and Mohammedan worldview. In this one direction, in the first white terror, against the freedom of women, the way of thinking in later Judaism collaborated with that of Hellenism.

In the struggle of the older cults against the prophets – the first and most violent organization of the will to power in religion in which the cultural heroes of the more ancient Israel found its decline, the poet of Genesis recognized the last flicker of a dying human ordeal, the end of the great struggle for the old matriarchal ideal. He prophesied the end that had become unavoidable, the beginning of a long period of complete dominance of patriarchal authority and on this basis as a provision for unforeseeable epochs the licensing of civilization and saw – through the millennia – the inner maturing of humanity under mounting pressure, up to the ineluctable turn of fate, the revival of the same struggle, that was dying even then before his very eyes.

PROTEST AND MORALITY IN THE UNCONSCIOUS

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"Anyone who kills Cain," the Holy Book says, "will suffer vengeance sevenfold." For this verse there is only one interpretation: Cain is seven people worth. For his act: even if it is underscored as purely destructive through an emphasis on its senselessly primitive conscious motivation, in which the perpetrator himself could scarcely have seen reason. Because this act is the birth of revolutionary protest. Not eternal hope, as in Greek tradition, but rather eternal dissatisfaction had entered the devalued world as the only good. And behind the apparently senseless evil deed, rising in mysterious abruptness from the darkness of the unconscious, the eternal element of the good, which can be neither lost nor forsaken, manifests itself as the deepest reality.

The psychology of the unconscious opens up for us now the area of hidden values that are preformed in one's nature [*Anlage*] and pushed out of the conscious realm of the mind under pressure from education and authoritarian suggestions, that are methodically made conscious again and, *vis à vis* the existing norm and its effects, that allow a view closer to the original one of the human being and true human potential, inherent personal values and primary determination through individual capacities. The psychology of the unconscious thus offers us a base for regarding the question of the value of values – the fundamental problem in revolutionary thought. Once it is shown that repressing the values of one's own nature means sacrificing the highest human potential, a demand for revolution as the result of the psychology of the unconscious becomes absolute.

For that reason the psychanalytic school, for that reason the great discoverer, S. Freud, comes to a halt precisely where this becomes evident. No one is able through his own energy, alone on far-reaching paths of realization [*Erkennen*], to penetrate the blocking that surrounds the value and truth of a principle entwined with the habit of one's own personality. The heuristic limit of classical psychoanalysis is drawn precisely in front of those discoveries through which all traditional authority is put in question and the existential basis is shattered of those who feel at home and safe in the authority of the existing order. Thus its great work of discovery terminates with exposure of the most deeply repressed elements of the mind, one's own inherent values, in the layer covering the

unconscious, the content of which is empirically demonstrated as a chaotic perversion of drives and feelings. This ugliness of motives of the unconscious appeared to justify the existing principle of authority - the suppression of individuality and existing norms - and thus the psychotherapeutic challenge of classic psychoanalysis could limit itself to a conscious view of the negativity of exposed impulses and to correcting and suppressing them according to the guiding norms of the unconscious....

We claim, however, that a consistent and unlimited psychology of the unconscious reveals the opposite as its most profound result: for us the frightening distortions and debasements of the life of impulses and feelings stored behind the borders of the conscious, at work sabotaging the mind's events, are the inevitable aberrations and the cramped confusion of a psyche that is broken - forced and lured from outside into self-alienation - for which the repression of one's own orienting forces, of inherent self-valuing is the precondition. Behind every inner split [*Zerrissenheit*] lies for us the incompatibility of one's own inherent motives with those that are foreign and suggested; for us it is obvious that one's nature is necessarily unified; it appears to us absurd not to recognize as harmonious and preformed the natural purposiveness of what is inherent, dispositional [*angelegt*] – harmonious, uniform functioning. We assume inherent impulses are purposive not only in the sense of individual, but above all of social purposiveness. The sovereign socially dispositioned [*angelegt*] and inherently ethical preformation that we are in a position to free from repression through the methodology of the psychology of the unconscious is already familiar to us through P. Kropotkin's discoveries: inherent "instinct of mutual aid," on the comparative-biological proof of which P. Kropotkin has begun to establish the primary basis for a genuine ethic as a simultaneously genetically grounding and normative discipline.

Through technical application of our new theoretically grounded special principle of psychoanalytic practice, we now achieve the possibility of penetrating the unconscious down to the most deeply repressed motives of all, the elements of the values of one's nature *per se*, the being [*Dasein*] of repressed ethical capacity [*Anlagen*]. Up to now, the mysterious appearance of indestructible or rather: unrelinquishable basic neurotic symptoms have been traced back to the anchoring of every however horrible, ugly or grotesque individual symptom in a deepest original motive belonging to the good that can never be renounced and which to relinquish therefore remains impossible. Only with this motive being released from its fixed associations and its own function being enabled in a free use of the conscious does the individually predetermined symptom vanish, through which each cramped, distorted and paradoxical motive forced its way into life and expression. Thus the masochistic sort of attitude of many women may cease when the basic desire for motherhood is made conscious, negativistic-cramped self-isolation

penetrated by the release of some morally evoked defense, etc. Thus an infinite number of cases of pathological sabotage of self and others are resolved through liberation of an impulse to revolutionary protest, through the situationally-moral projection at one and the same time of the instinct to protect one's own type of mind and the instinct to mutual aid.

Through the methodology of the psychology of the unconscious, we are therefore able to liberate a virtually limitless wealth of the most positive mind energy – a possibility that was never before available to an epoch. We may therefore with a new unified hope and duty prepare ourselves for the crisis through which we must pass and which at a similar point in development has brought catastrophe to every culture up to now. –

The development of every culture faces determination through a phase between decline and transformation: with full maturation of city culture. Cultural sovereignty of the city and its precondition: civilized life is the finished overcoming of that long period in which tilling the soil determines basic units of work groups for people and, within these, the basic form of personal life together: the economic man-woman-child bond for agricultural chores, that is to say, the patriarchal marriage as typical for the primary group adapted to agriculture.

Transition to city life terminates the existential ties and the adaptation of all contingency upon the land and cultivation. With this liberation from the land begins a new awakening of expansive vitality - as before, before being tied to the soil.

A tremendous manifold of creative energies is mobilized through this revitalization of a clamoring inner life, and these decisive times are at once the typical golden ages of chaotically surging reorganization.

In every culture without exception this developmental niveau is achieved in a catastrophe of sexual morality. Continued moral decay reveals how completely anachronistic the institution is. Kept alive as an economic organization in husbandry as long as agriculture still dominated, it becomes, from the moment of full liberation from the soil, as alien to people in the new age as it was primordially.

Parted from the land, the patriarchal family loses its value of being relatively adapted economically – the one thing that had kept the compulsory relationship from being unbearable – and it now becomes economically as well as personally a generally oppressive burden; under governmental guarantee it still retains the quality of financial responsibility for each individual child. Individual protest against the now senselessly restrictive and stultifying pressure can no longer be suppressed without increasing intense conflict. And the dissonance between a new inner self and a no longer sustainable tradition is ever greater. Characteristically overcompensating efforts that at such times represent "morality" are of course invariably failed attempts at restoring through ineluctably vapid propaganda the former power

of the old norms, with no hope of substituting or enhancing their motives – which have become inadequate. In such phases, the great interference in private life and - given the circumstances - the still more serious encroachments to which moralism always tends as well, foster the growth and significance of the disproportionately still more meaningful and culturally character-determining phenomenon of an opposing orientation: basic immoralism. Immoralism is the expression of the innermost latent helplessness of such critical times as a fallout of mistaking existing, in itself initially highly relevant and now completely anachronistic morality for the concept and possibility of ethical values and norms as such. Immoralism, like moralism, is a fundamental misreading of the signs of the times. Because "moral depravity" is the necessity of a new norm in place of the old.

Thus the phase is charted through which we have to pass – the same in which crisis and catastrophe have engulfed every culture. There has never been sufficient recognition of the decisive challenge: of the challenge to productively create and realize something completely new, a new institution and new values – this time related to the human mind – for the resolution of the great ongoing problem: the problem of enabling women to assume economic management of motherhood. This alone is the real social and ethical content of the question – of the first and foremost question of society. In framing it now fully consciously in this decisive period, a potential answer is given: motherhood economically supported through the basic responsibility of the society. Thus the law is satisfied that all new forms are a reorganization of their original forms on a higher level. Separation from the land brings experience, expectation, attitudes - to others, life, self -, the challenges to the driving forces of society, to institutions and values back to a primordial freedom but on the higher niveau of differentiation through endlessly borne misery and the exponential power of revolutionary protest.

Thus the age itself offers up enormous inner forces chaotically surging as spirit and destruction, desire and rage, toward metamorphosis or toward decline. The greater part of this energy is wasted on inner conflict with existing norms and is contained within the unconscious; what waits ready there, in the realm of repressions – inherent eternal values as well as the renewing forces of the transitional period - we are today capable of making available for attainment of a goal. This we have achieved ultimately as our promise and duty to all other ages: it is a task that requires immense care, down to the last loving touch. It must above figure highly in curriculum and education, so that individual minds are open to us. And everywhere it must be boldly carried out, in full acceptance of the consequences, in full knowledge of an absolutely irreconcilable opposition to all things and individuals recognized today as authority and institution, as power and morality of humanity.

ON CONFLICT AND RELATIONSHIP

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I myself take the "will to power" in its form as a rapacious tendency
to be a secondary phenomenon,
that is to say, in a final sense an already pathological phenomenon,
for a form, distorted through eternal suppression
and at the same time hypertrophic,
of that original drive that I call
'the drive to preserve one's own individuality in its own,
dispositional [*angelegt*] nature.'

The new way of thinking in psychopathology traces mind disorders to basic conditions that are characterized by their content; it is based on an awareness of the common origin of harmful constellations of psychic contents, the coincidence of incompatible impulses. This revelation comes from C. Wernicke's discovery of the contingency of affective overvaluing in the existence of irresolvable inner conflicts.

S. Freud's modern theory of the unconscious rests on the knowledge of change in the interaction of the functions, of the splitting of the unity of the conscious through inner conflict. It attributes separation of unconscious complexes, of "repression," to incompatibility of indispensable wishes with the personality's total attitude.

The incredible significance of the sexual that Freud unearthed in the unconscious mind can be traced back to the irresolvable inner conflict universally produced by one's own indestructible will being confronted with potent suggestions, with the sum of existing moral principles and institutions in the area of sexuality. Fundamentally, a sexual aspect of neurosis does not lie in the real nature of sexuality – at least not inherently – but in the fact that the area of sexuality is turned into an area of frustrated internal struggle by external factors.

Freud has expressed the view that the original sexual capacity of humans and the first sexuality of the child are "all-sexual." It contains the sum of all existing perversions. The "normal" direction of sexuality thus develops gradually through restraint, through repression of perverse components, and this repression, according to Freud, would in the final instance be a result of education – an effect of the power of the general way of thinking, an act of adaptation – thus an end product of everything that I have called the "sum of all suggestions."

The facts on which Freud bases this opinion are unimpeachable in so far as they serve to prove the existence of all possible perversions in childhood and in the unconscious of each individual. Only the assumptions Freud makes in principle about sexual nature [*Anlage*], about the character of inherent sexuality, have to be stringently distinguished, and I confess to finding myself in opposition to the great master in this point.

I define perversion as the transfer of energy from sexual drive onto something which is, by nature, not sexual; and I assume that every real perversion – as, indeed, ultimately every mind disorder - goes back to some harmful impact from the outside, to a foreign influence working counter to one's inherent capacities [*angeborene Anlagen*], to one's inherent type of character and to one's individuality. The sum of all perversions that have indeed been found in the mind of the child and, to be sure, in each child without exception, is in my opinion the effect of universally prevailing suggestions from family and milieu that are in oppoosition to the nature of every child or individual. I put this forward here as an assertion and will return to it later in more detail.

I call to mind the definition that I have given[1] of inner conflict per se: it is the struggle within us between what is self and what is other [*der Kampf des Eigenen und Fremden in uns*].

Before attempting a closer definition, a consideration has to be added. It refers to the theory of Alfred Adler and the contrast between the two great psychoanalytic schools, between Adler and Freud, a contrast that in my opinion is only an apparent one and might give way to a gain on both sides, to a combination of both directions in an extension of knowledge of the inner conflict.

Adler's theory ultimately goes back to a psychanalytic deepening of Nietzsche's idea of "will to power." According to Adler, it is the driving principle of the individual to realize self at all costs, with every means, and – this is what is brilliantly new in his theory – through the unconscious to protest against suppression from the outside. According to Adler, the sexual element in neurosis is itself only symbolism - symbolic expression of that revolutionary, but also rapacious tendency. Above all, what Adler has taught about a woman's inner resistance to suppression of her sexual

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[1]On the Inferiority Complexes.

experience, as well as about the psychological and psychopathic ways this resistance expresses itself – that belongs to the most profound things to have been grasped by a researcher.

Now I myself take the "will to power" - that is, the "drive for self" [*Ichtrieb*] in its form as a tendency to rape - to be a secondary pathological phenomenon of the already repressively distorted and simultaneously hypertrophic form of that original drive that I call the "drive to preserve one's own individuality in its own, dispositioned [*angelegt*] nature." I call this drive in its original form - that is to say, unaltered by resistance and overcompensation and not yet directed towards the rape of others, the "revolutionary element," in a psychological sense.

It is plausible that in an inner conflict between coexistent, mutually juxtaposed drives a drive may encounter repression and find symbolic expression through the unconscious; that is, it creates pathological symptoms. Hypertrophy of a drive seems to me to be comprehensible only through the assumption of an inner conflict. And the will to power, the rapacious "drive for self" [*Ichtrieb*] in Adler's sense, represents such a hypertrophy *vis à vis* original instinct for self - preservation, to which I have referred as the "revolutionary element."

In other words: the "drive for self" in Adler's sense - the "will to power" in its incredible significance - is only comprehensible as a component of an antagonistic pair of forces. And thus a synthesis of Adler's and Freud's views appears both plausible and correct because the other component of the pair of drives is identical with sexuality in Freud's sense.

We would have thus two juxtaposed drives - the drive for self and the drive for sexuality, and between these two would lie the pathologizing inner conflict.

It is not possible to assume, however, that in their original nature, predisposed by species, two drives could be inherent that were by nature determined to enter into irresolvable pathologizing conflict with one another. We have to assume that through broadly impacting external damage the original character of dispositional [*angelegt*] drives is altered – that these form, in Adler's classical view, increasingly tight unconscious connections with reactive impulses of the individual – I would like to say, with confused reactions of the individual, and thus by way of interlocking ["*Verschränkungen*"], they degenerate and hypertrophy, through conflicts with the outside world and then with one another, finally becoming the increasingly conflictual starting point for neurotic symptoms.

The problem is thus: How does it happen that the great, originally necessarily harmoniously coordinated and disposed [*angelegt*] drives become the two antagonistic drive components that are now seen as "will to power," as the pathological drive for self in Adler's sense, on the one hand, and as sexuality in Freud's sense, on the

other hand, that is to say, as "all-sexual," comprised of all perversions, requiring repression and producing psychoneuroses?

In other words: I gave earlier the definition – which I let stand initially as an assertion: the real pathologizing conflict is the inner conflict of what is self and what is other. Then, attempting to synthesize Adler's and Freud's theories we found: the inner conflict is principally that of the drive for self and drive for sexuality. If both suppositions are right, then it follows that: the latter form is the result of changes that the original state of the mind and its most basic inner conflict – that between what is self and what is other – have experienced in the interplay of adaptation and resistance, through "drive interlockings" [*Triebverschränkungen*], and the hypertrophy of drives in mutual struggle. The problem remains: Through what influences and by what mechanisms does this change occur?

Of original, species-specific dispositioned [*angelegt*] sexuality we can only say, in summary, one thing: sexuality as a dispositioned drive, and thus also the original sexuality of the child, is a drive for contact in a physical and psychic sense.

The drive for preservation of one's own individuality, as I call it, is the defensive instinct for the protection of all inherent types of nature with their inherent drives, including, of course, sexuality in its individual nature.

Obviously, both these drives must first be harmoniously coordinated with each other – as indeed are all original drives and capacities.

The pressure from the environment works on the child as pressure to adapt, that is, as a tendency to suppression regarding the life of the instincts. The environment absolutely denies the child complete contact in the physical-sexual sense; in the psychic sense it binds the promise of contact – which through the adult's negligible psychological understanding for the child is already reduced to a minimum and almost to surrogates - to the condition of adaptation, of sacrifice of being, in the sense of individuality [*individualitätsgemässes Sein*].

It is this course of events that I have referred to as "the child becoming lonely" through existing conditions in the milieu.[2]

I see in the loneliness in which the child is placed the real origin of all neurotic fear and of the strangely anxious, bewilderedly reckless character that lends a particular stamp to all the impulses emerging from the unconscious.

The first inevitable inner conflict for the child, the conflict of self and the intervening other, sheds straightforwardness already at the start through drive interlocking [*Triebverschränkung*] that binds one of the instincts of the self, sexuality, with a tendency to adapt to others, that is, with a

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[2]"On the Symbolism of Destruction."

readiness to accept foreign suggestions. The mind's self-preservation instinct must from this point on struggle not only against suggestions from outside, but also against the self's own sexuality as such, which has begun to provide affective energy for suggested contents.

And thus the real anti-sexual "protest" in Adler's sense has set in. It is by nature directed towards isolation. The "drive for self" as an anti-sexual protest is now the instinct towards self-preservation at any cost; on its own energy, it aims at the preservation of the great loneliness with which one is surrounded.

The direction of this drive can only be explained through its never ending antagonism with sexuality as a need for contact at any price - an equally strong, continually active, oppositionally focused drive that has assumed the drive to adapt, the commitment of one's own self to others, the surrender of self.

With that, the masochistic element has been absorbed; infantile sexuality has assumed the impulse to give self to others, to submit to becoming lonely. We may say that masochism is the child's attempt to identify with the passive situation it is dealt and thus achieve through submission a relative contact with the surroundings. The driving motive in masochism is fear of loneliness; fear of loneliness, however, is a motive that sustains itself throughout one's entire life. Under existing conditions, people's relationships to one another – the deeper nature of which is our subject here – are corrupted to the extent that presumably everyone must choose during life between remaining lonely or allowing oneself to be raped. The infantile tendency to submit in order to have contact is thus permanently preserved. The masochistic tendency, as we said earlier, is a matter of coming to terms with and affirming the infantile situation *vis à vis* the adult. In reality, of course, human beings are probably rarely as lonely in later life as in childhood, but a child at least may hope for some respite from this loneliness at the cost of submission. Through an unconscious memory of this hope, a desire and tendency focuses itself throughout life back onto infancy. We may thus also define masochism as the striving to re-establish the infantile situation regarding the adult.

We may assume that for a given time, masochism combines with sexuality as the need for contact at any price. The drive for self-preservation of the personality, as an antagonistic component, is initially anti-sexual protest. With regard to sexual need in a pure sense, the infantile tendency to have contact with others through submission is experienced as inadequate. Fear of loneliness, sexual isolation, must allow a tendency toward forcing sexual contact to emerge, even if only in a minimally physical way and as a surrogate for a psychological relationship. The child has a confused desire to be grown up: this wanting to be an adult is directly counter to the situation of things in masochism, an essential content of the tendency for self preservation.

Being an adult or at any rate being strong also means, however, a possibility for fulfilling the wish to be able to force sexuality. Thus it comes to a compromise between sexuality and the tendency for self-preservation, in its hypertrophic form, to an interlocking of the drives [*Verschränkung*] of sexuality and the will to power. Precisely the mental state of the child - the fear of loneliness and the feeling of impotence - which give the unconscious a content of fear-related hate and revenge, lead to the often violent and cruel character traits of the rapacious tendency. The result of associating sexuality with the will to power - in its essence a compromise of fear of loneliness with the will to preserve loneliness - is the sadistic drive component.

We may thus say: through external pressure, through the child's option between self-surrender and engulfing loneliness, a masochistic element is created in every human being as an expression of the insurmountability of the need for contact. In contrast, the 'anti-sexual protest' develops, as a compensating hypertrophy of the mental drive to preserve self. It now comes to a compromise between this drive, to preservation of loneliness and sexuality; in other words: a sexual part of a component also forms through which preservation of one's own isolation comes about, simultaneously with a desire for sexual experience. The hypertrophic drive for self [*Ichtrieb*] in its essence as a defense against contact and the perseverance of one's own self towards the other, hence "the will to power," achieves a sexual expression. This, however, – to understand the term in its broadest sense – is the nature of sadism. Thus in every person a sadistic element develops as an expression of the insurmountability of the psychological drive to preserve self. Thus the great inner conflict – originally the conflict between sexuality and the drive for self, between the tendency to surrender self and the will to power – is finally drawn wholly into the area of the sexual and wedges itself as a conflict between two antagonistic drive components of a sexual nature, between the masochistic and the sadistic elements.

All inner divisiveness of the individual and all perpetual failure in relationships of individuals to one another lead back to conflict in this final form. In sadistic-masochistic distortion of the great drives rests the pathology of relationship. –

I gave earlier the definitions: sexuality in its original form is the need for contact with others, in a physical and psychic sense. And: every perversion is a transfer of sexual energy to something originally non-sexual.

Additionally, I have objected to Freud's view that all-sexuality comprises all perversions from their origin onwards. A contradiction now appears between this opinion of mine and my own definition. Because according to the latter, original sexuality includes the homosexual component.

The question now is how far this homosexual component actually constitutes a perversion. Considering the definition given, we must ask to what extent the direction of the homosexual component falls in the area of actual sexual contents circumscribed in original capacity [*Anlage*]. Whether or not something can be pre-formed in a capacity is decided by the presence or absence of biological purposiveness.

The problem arises therefore as to what extent there is a species-specific purposiveness located in the homosexual drive component – a – *sit venia verbo* – teleological element.

I believe that inherent, that is, "normal" sexuality is joined to a homosexual component, with the function of enabling one to feel one's way into the sexual attitude of the opposite sex. Because one can only have empathy with what one experiences inwardly, and that means, in the case of empathy with the sexual experience of the opposite sex, allowing a fragmentary homosexual motive to become vital in oneself [*zur Geltung kommen*].

The direction of the biological purposiveness of this process is best seen by considering suppression of sexual empathy for the opposite sex, which is inevitable when the homosexual component is suppressed. Universal experience of the sexual situation as togetherness is impossible from the start due to repression; thus one can experience the other sexually only as a means of satisfaction, against whose sexual behavior and feelings a negating and distancing tendency to repression sets in, in opposition to shared experience as a homosexual motive. This is almost sufficient in itself for explaining the alarming universality of the phenomenon expressed by August Strindberg: 'The hatred of the sexes for one another is without name, without limit, without end.'

Suppression and repression of inherent homosexual partial components – these I call, in their original form 'primary' homosexuality, in contrast to their 'secondary' phenomenal forms that are modified and distorted through complex drive interlocking – initially result through oppositional moral suggestions from the environment. The sum of all these suggestions would be more likely to be excluded - as a strictly foreign entity in the mind. Infinitely more difficult to eliminate are the drive interlockings of the homosexual component with actual perversions, above all with the sadistic-masochistic complex of forces and with the perversion for which Freud formulated the concept and expression, 'anal eroticism.'

Here we want to discuss first the drive interlocking of homosexuality and anal eroticism – which for the immediately following reasons is of particular importance only for the male – and then we return to the problem of homosexuality and its deep connection to our actual topic, the sadistic-masochistic complex of forces and problematic relationships in a more narrow sense.

The development of anal eroticism can be brought into a particular parallel with that of masochism. One might say that masochism is in the first place the result and determination of debasement experienced psychically in the need for contact; the same is true of anal eroticism in relation to the physical aspect and sexuality. How the shift of sexual energy to the anal area and excremental function occurs - that is to say, in my terminology, to an area that is non-sexual in capacity [*Anlage*] and nature - is something that becomes understandable when one considers the following. The psycho-sexual is suppressed with all means, and, insofar as it is recognizable to the surroundings, that is to say, insofar as it is concentrated, in its capacity, on the natural regions and functions of sexuality, it is repressed in the child as much as possible. Contrastingly, excremental functions do not allow themselves to be suppressed and repressed; in this area, the child requires some adult assistance over years and, in this area, comes into physical contact with them. The child's sexual need for contact, caught up in repression due to the suppression from its surroundings, is thus withdrawn from conscious control, robbed of possibilities for correction, weighted down with suggestions of moral negation, debased, and thus prepared for a shift [*Verschiebung*] of sexual energy in an individual area involving physical contact with the surroundings, that is to say, in the intimate sphere of personal care; thus a possibility for experiencing some sort of physico-sexual contact with the surroundings, albeit surrogate, has for the child to some extent conditionally become the transfer of sexual feelings onto the anal - erotic area. Moreover: from the unconscious of the adult to that of the child, latent anal eroticism in the adult comes to a corresponding development in the child.

The actual, profoundly consequential anchoring of anal eroticism in homosexuality is, moreover, for physical reasons naturally only existent in the male, because the lastingly fixed, fully developed expression of this anchoring is, of course, pederasty. The nature of pederasty is the melding of three particular motives of drive: homosexuality in itself, anal eroticism and the symbolic representation of the one sex through the other. (We will return to this latter aspect later in a different context.) As a result of this particular, typically symbolic drive merger of homosexuality with anal eroticism in the male, which is fixed in a specific sexual gesture, the repression of homosexuality is much more radical and intensive for him than for the female. As far as I can see, the repression of homosexuality has only for the male a particular quality of disgust.

We now return to our actual topic.

We have said that not only is homosexuality originally and by nature not antagonistically set against heterosexuality but that, on the contrary, it means an auxiliary component of the same. We see, however, that changes in sexuality over the course of its development tend to invert this situation. As a rule, in fact, we find the heterosexual and

homosexual components to stand in the sharpest conceivable antagonism. The problem now is how this antagonism is created and to what extent its formation is reciprocally bound up with that of the oppositional pair of forces of sadism and masochism.

The most valuable psychological definition of homosexuality that we have is that of W. Stekel. "The homosexual neurosis," he says in his great work, *Onanie und Homosexualität*, "is a flight from one's own sex, characterized by a sadistic attitude to the opposite sex." I have to add to that: sadistic or masochistic attitude. We will see that this adjustment is necessary if Stekel's definition is to be adapted for female homosexuality. –

We consider first the possibility that the sadistic component is intensely developed in male heterosexuality. Assuming that this direction of drive does not absolutely control the entire life of the mind – that a conscious, complete perversion does not develop – the impulse to flight from a sadistic impulse and to its overcompensation through the opposite must come to the fore. The flight from perversion results now on the one hand in the direction of masochism, on the other hand, however, – since we have assumed a heterosexual orientation of sadism – in the direction of homosexual tendency as well. In this case, homosexuality and masochism would be the goal of the striving of a single tendency of drive and the effects of a single cause. It is therefore clear that a drive interlocking occurs between these motives and that a masochistically determined homosexuality will form. Particularly if, as in the given case, an inner connection is established between homosexuality and masochism through some typical elements working in a general way. We meet such typical elements later on.[3]

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[3] I offer as an example of the flight from heterosexual sadism into homosexuality a characteristic dream analysis.

For a patient with anxiety neurosis who I had occasion to treat recently the following often repeated type of dream manifested itself.

This is a matter of two dreams in the same night – the contents of which, of course, according to Freud are closely related – one dream was heterosexual-sadistic, and the other homosexually oriented.

I note such a double dream as an example:

1. He walks through a meadow with his girlfriend. The area is unusually beautiful; he feels strangely one with the woman. He says to her: It's like paradise here.

He stays back at a waterfall, watches some animals in the water. At the edge of the stream there are huge earthworms.

Suddenly he has an anxious feeling, feels an oppressive loneliness: the woman has walked far away from him; he goes after her, but the mood from before is no longer there. They start to talk about the time being short, that they cannot stay here any longer; he feels alone and is depressed by this conversation. Awakens anxious and sexually aroused.

2. He sits at a table in an inn; there are young people with him; he recognizes in them his former fraternity brothers from his student days. One of them bends over him and kisses him on the mouth. –

Or if we assume that in the heterosexuality of a woman masochism becomes dominant, then it follows that as a defense against one's own tendency to submit to the male an overcompensation in the form of the will to power or a sadistic attitude, on the one hand, and a flight into a lesbian tendency, on the other hand, come to the fore. The result would then be a drive interlocking of the will to power with lesbian tendency, particularly if here, as in the above case, typical psychological elements transmit the inner context of the two drive components.

In other words, it is a matter of which components of the sadistic-masochistic complex of antagonists connect as a rule with heterosexuality, which with homosexuality – under which preconditions and for which reasons in one case the one, in the other case the other combination takes place. We will see that these combinations are not so much determined by incidental individual fates as essentially arranged in two typical, large groups. They are typically different for man and woman.

Here we touch on an aspect that is one of Alfred Adler's greatest discoveries. Through him we know that for the unconscious the terms "man" and "woman" tend to take on the meanings of "superior" and "inferior" as a reflection of existing institutions in society and the family. As the mental fallout of existing conditions, the reciprocal relationship of the sexes becomes a symbol of a situation of dominance or submission.

With this virtually universal rule – Adler's law of symbolism – the typical symbolic expression, the typical fixed gesture for the two components of the masochistic-sadistic complex is automatically given. The "drive for self" [*Ichtrieb*], the "will to power" merges with rape or sadism, identifying, for both sexes, with the motif of 'wanting to be a man'; the need for contact and self-surrender, the tendency to submit, masochism – in a displacement of its original symbolism: wanting to be a child – is identified with the motif of 'wanting to be a woman.'

The result of that is: For the man the sadistic component is heterosexually oriented, the masochistic component homosexually oriented. For the woman the masochistic component is heterosexually oriented; the sadistic,

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Associations to earthworms: he had seen such large earthworms many years earlier in Brazil. Then: As a very young boy he often cut earthworms he had dug up in half and enjoyed watching the two parts move. Then, in extreme anxiety, a number of sadistic impulses from earliest childhood.

The remainder of the dream content presumably needs no further explanation. We see in context how the emergence of the sadistic impulsive motive crosses the feeling of attraction to the woman and produces extreme anxiety and how the dreamer has fled his own sadistic element on falling back to sleep and thus altogether from heterosexuality into a homosexual phantasy. –

On homosexuality as a cover for heterosexual sadism convincingly in W. Stekel, *Onanie und Homosexualität.*

or rather, the active component, which is aimed at preserving the personality, is homosexually oriented.

I emphasize that it is a matter here of the dominant type, that is to say, of what goes on in the subconscious of the non-perverse.

If it is the necessarily typical expression of submission to want to be a woman, then to begin with, the masochism of the male must necessarily profess its homosexual trait – we will come back later to the return of the homosexually crossed component to the other sex. We can best understand the entire area of passive male homosexuality, to whatever degree it seems or actually is consciously controlled, and, fundamentally as well, all male masochism, as a drive interlocking of homosexuality and a masochistic component.

And if it is the typically necessary expression of the drive for self [*Ichtrieb*] to want to be a man, then the "drive for self" of the woman, in every degree of its formation - whether it is as real sadism, as the will to power, or only as the drive to preserve the personality in a more narrow sense - must unavoidably determine itself in drive interlocking with homosexuality. The homosexual component in women plays its most dominant role as the realization of "protest" against the suppression of women, as it occurs in their present situation, and, through the character of protest, the lesbian element takes on its true psychological character. It must be emphasized here above all again: the lesbian motive of protest is aimed not only at suppression from the outside but above all against the impulse inside oneself to act against this suppression, that is, against one's own masochistic, specifically heterosexual-masochistic tendency to devotion.[4]

Let us summarize what has been said. Out of the great original drives, out of the need for contact – for primary sexuality – and out of the drive to preserve one's own personality, there develop, under the pressure of the environment, under pressure to adapt as a condition of contact, and under the fear of loneliness, the antagonistic tendencies of drive to pierce loneliness at the price of submission – masochism – and to exert one's own personality at the price of active preservation of one's own loneliness, also in sexuality, through rape of the sexual object – sadism.

Thus in this way the masochistic-sadistic complex of antagonists forms as the dominant expression of inner conflict. Through typical interlocking with homosexual and heterosexual attitudes, masochistic-sadistic impulses derive their further shape in a different sense. Under the influence of the actual, particular situation of the woman, through which the concepts of masculinity and femininity become symbols of a dominance and submission relationship for

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[4]The psychology of the lesbian motive was to my knowledge first expressed in Ch. Baudelaire's poem, "Lesbos," in a form that encompasses the whole depth of the problem.

the unconscious, the need for submission in the male and the drive for self-preservation and the will to power in the female necessarily assume their symbolic expression through the homosexual motive. And thus the sadistic-masochistic complex of antagonists turns into two typical pairs of forces that are different for the two sexes: in the man heterosexual sadism and passive homosexuality; in the woman heterosexual masochism and active homosexuality.

This is, as far as I can see, the typical development of the great complex of antagonists. It presumably goes without saying that all formations of the unconscious and the drives anchored there are themselves repeatedly the starting point for still other, transformational, and, as we know, compensating and contrasting developments. The basic attitudes in man and woman that we have sought to formulate are presumably deeply determined as operative and orienting factors, yet the further development of inner life means a surfacing of oppositional phenomena that often dominate external events.

As modifying factors, those are involved which, in individual cases, bring about manifest, total homosexuality. Which aspects might be considered causal – defense against incest, special overcompensations – is not within our more narrow scope. This much is automatically understood: where sexual feeling is more or less entirely drawn over into the area of homosexuality, an attitudinal distinction between the sadistic and masochistic components is no longer effective. In cases of total homosexuality, each component of the complex of antagonists is directed in the sense of the dominating one. We will touch on this question again briefly.

Further: As modifying factors of the typical basic attitude, particular motives, persisting from infantile life, and infantile situations may be in effect. It appears that due to a sort of delayed development, a number of individuals never come to engage at all in the really great problem of the adult, the question of mutual relationship and the battle between the sexes. For the unconscious orientation of such individuals, not the power and submission relationship between man and woman but the outstanding problem of the infantile period, the power relationship between child and parents or between child and mother establishes itself as a persistent leading motive. In such cases the mother or the woman may function as the symbol of power and superiority – contrary to Adler's law of symbols – so that the woman thus becomes the object of the tendency to submission.

For women, persistence of infantile mother symbolism results in lesbian masochism.

For the man, the persistence of the same symbolism – the maternal power symbolism – yields the immediate result of heterosexual masochism. As far as I can see, this primary heterosexual masochism seems – in contrast to the typical, secondary form, whose complicated struc-

ture will be discussed later – increased to an extreme perversion in one part of the cases, in another part inverted through absolute overcompensation and transformed into total blocking of the relationship to women. In these cases, will to power developed as overcompensation is shifted onto the area of homosexuality so that, in men, pure cases of active (sadistic) total homosexuality result. I intend to deal more expressly with these problems in a later work.

Further: As in the one case, the after-effects from the infantile period are effective in modification; in the other case, it is the realities of life into which the adult enters which as practical necessities tend against certain orientations of feeling determined in the unconscious or else work toward their overcompensation. Such a process takes place as a regular occurrence in the typical male-male relationship. It is not possible for this relationship – I speak of a general development there, where homosexuality only functions as an unconscious impulse and latent motive of conflict – to remain exclusively dictated by the passive masochistic attitude. The persistence of such a disposition would harm the individual in his terms of existence such that he would lose in the struggle for a place in life, that it would have to come either to a downfall or to a correction through overcompensating elements. Naturally, this further development no longer plays out in the form of sexual motives that are recognizable as such. Rather, these processes are the true area of the struggle for power and worth of the personality, the classical picture of which A. Adler has sketched for us. –

We return to our real problem: to the relationship of the sexes to each other and its reciprocity with the great typical pathogenic factors, the sadistic-masochistic complex of antagonists and its typical forms in men and women.

I see in this occurrence a typical correction of homosexuality that completes itself in the form of a compromise form. Over the course of development, for most people – for all in whom no particular psychic conditions are present, that is to say, above all particularly intense conflicts with particularly strong and particularly strongly suppressed incestuous attitudes of a heterosexual nature – the preponderant extensity and intensity of heterosexual feeling relative to one's own capacity comes to dominate. The homosexual component now stands in its primary form relative to one's own capacity [*Anlage*] – that has already been stated – in a relationship to the heterosexual that is no way antagonistic; in contrast, it represents, of course, relative to its biological determination, an auxiliary component of the same. Only in its primary form is homosexuality presumably no longer preserved in any individual; it has been altered by the drive interlocking we have discussed, and in the "secondary" form it stands in the most pronounced antagonism to heterosexual feeling. In almost all people, a state of absolute incompatibility is created between homosexuality and hete-

rosexuality. The correction of this state occurs now, as far as I can see, in two ways. Either the heterosexual component is transferred to the homosexual object while retaining its qualitative character – those are cases of total homosexuality – or the opposite occurs: the homosexual element is focused content-wise on the heterosexual object in the quality it has achieved in the course of its development.[5]

Earlier we formulated the two typical forms of the great complex of antagonists for both sexes: in the man heterosexual sadism and passive homosexuality, in the woman, heterosexual masochism and active homosexuality. On this basis a reversal completes itself as a transfer of both homosexual components onto the other sex. Thus for the man, original homosexual masochism is directed content-wise towards the woman as an object and for the woman, lesbian activity towards the man.[6]

With this reversal of homosexual components, the complex of the great antagonists is drawn back entirely into heterosexuality; from then on the inner conflict takes place within the area of heterosexuality. The great pair of drives carrying the inner conflict thus has concluded its formation of content and, for non-perverse individuals, has arrived at its typical, definitive form.

For both sexes, both components of the sadistic-masochistic complex of antagonists are now aimed at the same object, the heterosexual, and are thus diametrically opposed to one another, as oppositional forces overcompensating each other and directly competing with each other.

And with that we have come closer to the real problems of our inquiry. We ask ourselves: what significance has it for the relationship of the sexes to one another to bring in the components of the great inner conflict that have become homosexual?

We have to realize first that a process of corrective overcompensation is given here. The masochism of the man that reverted to the heterosexual object now works against his heterosexual sadism, and the lesbian activity of the woman in relation to a man works against her heterosexual masochism.

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[5]W. Stekel's masterpiece, "*Onanie und Homosexualität*," explains the existence and nature of homosexual traits in heterosexual attitude to object.

[6]An almost singular presentation of such a state of mind is given in the splendid psychological novella of H. H. Ewers: "*Der Tod des Barons Jesus Maria von Friedel*" (in the collection of novellas, "Die Besessenen"). It is concerned with the mind of a man who periodically feels like a woman and appears as a transvestite, while allowing a contrasting character to emerge in other periods, so that a *second état* emerges on the basis of a split sense of sexuality. In his female periods, this man is oriented towards lesbian women. For us, it is significant that the person described (in this mental state) thinks he is a woman and qualitatively feels himself to be such, while his choice of an object remains a heterosexual one.

We have seen: male masochism has the basic tendency of "wanting to be a woman," and the lesbian activity of the woman has the basic meaning of "wanting to be a man." Bringing these components into the reciprocal male-female relationship means an equalizing tendency regarding the difference of the sexes.

And this equalizing tendency has a teleological meaning in the highest degree. We have to consider that the psychic types, "masculinity" and "femininity," as we know them today are artificially created products, a result of adaptation to existing conditions. The present family order still determines the dependence of the woman on the man; it has, as a basic condition, the will to power in the sexual relationship of the man to the woman and the tendency for the woman to submit to the man, and thus it brings about an adaptation of both sexes to the form of the mutual relationship forced onto them. In other words: Male sadism and female masochism become the most characteristic general traits of the types, "masculinity" and "femininity," as we know them today through the pressure of existing relationships and through the transformation of sexual experience resulting from this pressure.

It is obvious that the differentiation of these two types is absolutely in opposition to the truly deepest aim of both the individual and the relationship to complete the maturation of one's own capacities true to one's personality and, simultaneously, the attainment of inner mutual contact. That it represents an eternally alien body regarding the inherent and immutable striving of human nature is proven by the frustrated attempts of the unconscious at their correction and overcompensation.

The incorporation of male masochism and female lesbian activity into reciprocal relationship – that is to say, the tendency of each to identify with the other sex – means, however, a striving not only towards equality, but also toward inversion of the existing relationship of domination and submission. In that they strive, like all drive components arranged in antagonistic complexes, to go beyond the actual biological meaning, beyond actual biological purposiveness. That is, of course, the nature and concept of overcompensation.

Lesbian activity of the woman transferred onto the man thus works within the reciprocal relationship in two ways: on the one hand, as a will to equality, and on the other hand as overcompensated hypertrophic drive and, beyond that, as "will to power" and anti-sexual protest. As a will to equality of the sexes, this tendency carries all striving of the woman that is aimed at intellectual differentiation and liberal development of reciprocal relationship. In its hypertrophic form, it means the constant fear of the possibility of submission, independently of actual reasons – the fear of one's own masochistic tendency – and thus excludes the possibility of completely spontaneous emotional relationship.

Male masochism carried over onto the woman leads, on the one hand, to a compromise with feminine protest and becomes in many cases an admittedly overcompensating expression for a need for contact on the basis of equality. This is the resigned gesture of the man who has given up on recognition of his own person in the relationship.

On the other hand, it lies in the nature of every overcompensating drive belonging to a complex of antagonists that it keep its own antagonism alive. In other words: As an element of exaggeration going beyond equality of the sexes, the male masochistic tendency produces an internal counter force; it allows no rest for the self-preservation drive, which is always at risk from the tendency to give oneself, but brings it again and again to the surface as an impulse for exaggerated self-preservation, for defense or revenge.

It lies in the nature of the attempt at correction through overcompensation that in the end it can only result in a struggle of extremes, not a balanced mind – neither within the individual nor within the relationship of individuals to one another. And yet therein lies the best that we have: the striving for relationships.

ON THE PROBLEM OF INSANITY

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In my article, "Conflict and Relationship," I attempted to show that inner conflict, in which disorders of mind function have their origin, can be traced to antagonism between the two great motives of drive that everywhere, through the impact of the milieu, derive a dispurposive form, hypertropic intensity, and reciprocally antagonistic relationship to one another: to a tendency towards submission as a distorted form of the drive to individual self-preservation. In other words, the masochistic-sadistic complex of antagonists.

Relative to Alfred Adler's principle of unconscious symbolism for male-female types - independent of one's own sex - as a dominance-submission tendency for the male, rapacious tendency for the female sexual object, I attempted further to show that also one's sexual attitude to the opposite or same sex, that is to say, heterosexual or homosexual orientation, is ultimately determined and fixed by the masochistic-sadistic complex of drive components, so that homosexual orientation means male tendency to submission, female tendency to rape, while heterosexual orientation - if there are no further changes leading to secondary change - means male sadism and female masochism.

Finally, I have attempted to show that every drive component of the antagonistic complex is used as an overcompensation for the other, that in each such component lies a tendency to flee to its opposite, that the antagonistically oppositional drives sustain themselves reciprocally in this way and that as a result in every individual - more or less deeply hidden in the unconscious, with its development more or less dominated by the one or the other component - the typical complex of antagonists is found: male heterosexual sadism and passive homosexuality, female heterosexual masochism and lesbian activity.

Here I would like to discuss the constitutive relevance that the components of the masochistic-sadistic complex of antagonists appear to have in several cases of insanity I have had the opportunity to observe. -

The etiology and content of perversion in relation to inheritance and content of psychosis are significantly demonstrated by Freud and his brilliant student, S. Ferenczi.

Through them we have learned that insanity develops, completely analogous to dreams, as symbolic wish fulfillment of a perverse, reality-uncorrected sexual drive that, on the one hand, has become intensely insurmountable and, on the other hand, meets with such total conscious resistance of the personality that its realization through real experience is impossible. -

The case that I want to discuss first seems to me to be of interest because it illustrates with perhaps singular clarity the Freud-Ferenczi theory of realization of repressed perverse drive as the reason for insanity. The case also amends the Freud-Ferenczi idea insofar as it is not, as in the results of these authors, a matter of homosexuality but rather a different perversion, that is to say, heterosexual sadism.

The patient is an engineer, A. G., who suffers from paranoia with a clearly insane formation, systematically developed on the basis of misapprehensions and autochthonous ideas, with fully preserved intelligence. Verbal expression, thought process, motility, behavior all unremarkable. The condition was stable over years. Crises, vacillations, periodicity not observed.

G. developed delusions and hallucinations when he was working in America. In New York, where he lived, there were a number of sadistic murders, and G. believed, based on people's behavior and his auditory hallucinations, that one suspected him of these murders.

He began to hide, changed his apartment and employment, was afraid to eat out and was driven from place to place by perceptions he believed to have that he was recognized and watched everywhere, that people talked about him being the murderer. He returned to Europe, thought he was under surveillance aboard ship. On arriving in Germany, he tried to lose his followers on the way to the hotel. Finally, he thought he had succeeded in an obscure hotel. Inside he heard through a locked door people in the next room. He thought he understood the words: "Then you get stabbed, then he gets stabbed," and believes he hears blood dripping. G shoots through the door.

He barricades himself, shoots at the police who have arrived, is taken critically wounded to the hospital and from there to the asylum.

In the asylum he is calm; when asked, coherently and intelligently explains the insane system, which has been the same for a long period of time.

He believes he is in telepathic contact with a band of persecutors that he describes as "telepathists" who want to eliminate him - above all: want to render him harmless in the asylum because he knows their secrets. The

asylum director was one of the leaders of the telepathists. He believes he has seen him in a different form before, in America.

G. claims that the telepathists have built catacombs underneath the asylum where they carry out their work. He experiences by telepathy everything they do, say, think and feel.

The telepathists celebrate "black masses" in their catacombs; they drag women there, murder them and "get off."

And to the question as to how he could know this, G. answers "It's telepathy, because of course when they get off, I do, too."

This, however, is the key to his psychosis. G. is a sadist. He realizes through psychosis the complete fulfillment of his unconscious sadistic desires. In his psychosis he is able to live out his sadistic perversion - one thinks of Stekel's expression "desire without guilt." Because G. explains his own sexual satisfaction at the sadistic phantasy as being achieved by "telepathy."

The case is a supreme illustration of the analogy of insanity with dream, the character of insanity as wish fulfillment for repressed drives, and applicability of Freud's principle of "gain from illness."

If we look for antagonistic drive components juxtaposed on the basis of their content in this case, then we notice to begin with heterosexual sadism, the fear of this drive, the impossibility of escaping it, and finally the insane wish fulfillment: At first the aspect of identification with the sadistic murderer and his acts, later the sexual satisfaction through insane experience of hallucinated scenes of sadistic murder.

It appears to begin with that every avenue of escape is missing except that of psychosis. We seem to see nothing but the conflict. This may have to do with G.'s simplistic nature; despite his intelligence he does not tend towards complexity. He has repressed his perverse drive as much as possible and fled into psychosis.

On a closer view, however, we notice a symptom behind which, with regard to heterosexual sadism, the typical tendency of compensation tends to hide, that is to say, homosexual masochism. This is the insane idea in his relationship to the asylum director.

Here we see first of all the distorted memory that he had seen the director before and the insane idea that his appearance has changed. We have to ask what symbolism is involved.

The idea that a person might change his external form requires there having previously been an impression, a not very clearly formed one, that can be changed in some way. This change cannot be primarily in the insane appearance itself, understandably, but must have lain in the subjective reaction.

And here we are concerned with a significant aspect of feeling sufficient to create a fixed distortion of perception, or rather, of memory. We have to assume it is really the patient's sexual feeling that reacts differently to the

impression of the personality in question. This suggests that, together with indifference or defense in the heterosexual experience, a homosexual element emerges.

Further: that G. ascribes to the director a leading role among his persecutors reminds us of the behavior in the patient Schreber toward his doctor that Freud noted. In that case, Freud found a straightforward homosexual "conversion" from the patient's father to the doctor. Doubtless, a homosexual attitude toward the father, and its further conversion, is a classically expressed form of homosexual masochism. In our case, the attitude of overcompensating defense is also curious, that is, of suppressed homosexuality onto the personality on which he appears to be the most dependent. Herein lies a high degree of probability that ultimately it is a matter of a poorly disguised tendency of submission, which, for a man, must tend, for the above mentioned reasons, toward homosexual orientation.

In our case, therefore, we have the typical antagonistic complex: male sadism and homosexual masochism.

This means that in G. there are also signs of an attempt to flee sadism in the direction of the opposing, compensating sexual orientation and, since this is represented in the unconscious as an attitude toward a male object, in the direction of homosexuality. The attempt at compensation is only poorly formed, however, and plays a subordinate role in the psychosis.

The dominant motive in the formation of insanity is doubtlessly heterosexual sadism. -

The second case that I would like to sketch brings the motif of male homosexual masochism to the forefront of the psychosis. To me it seems to be of interest insofar as the formation of this perversion can be proven quite clearly in the interaction of the antagonist with its opposite.

This is the case of a 33-year old sailor, T., whose occupation as a civilian was foreman. I have unfortunately not been able to find out any details concerning the outbreak of the illness.

On admission to the camp hospital, T. appears somewhat catatonic. He sits motionless with a tensely rigid expression, gives terse, coherent answers, is otherwise very reticent. He appears constantly distracted by inner processes, sometimes, judging by his face, apparently hallucinating.

After several days he is considerably more at ease, able to carry on a lengthy conversation. He is well oriented, speaks coherently, making sense, but with curious diction. He keeps coming back to religious motifs, mixes religious topics into every conversation. When he has talked for awhile, his manner of expression becomes mysterious, rather unintelligible, but it is always apparent that he follows a train of thought and attributes special meaning to his words.

As an example of his strange manner of expression: T. has crumbled pieces of bread in his hands and scattered them out the window; asked what he is doing, he answers: "that is with the left hand - you should know that". I

venture: whether he means the Bible verse "when you give, don't let your right hand know what the left is doing?" T. confirms: " everybody probably wants to hold back something for themselves, but even the birds in the sky want food."

Asked about his life and thoughts, T. is willing enough to answer. He was a poor sinner, "a real bastard," but the grace of God had helped him. "Nothing is ours, everything is from the Lord."

He says that as a boy he tried to have intercourse with animals, once with a cow, once with a goose. As a teenager he tried to rape a little girl.

Then later the grace of God came over him and he stopped sinning. He began to give up his "beastly acts," to read books, the Bible, about magnetic therapy.

Then once when a friend of his was sick, God gave him the ability to help. He made magnetic lines behind him in the air and a few days later his friend was well. That was not his own accomplishment but the grace of God. One had to think of Christ.

Somewhat later, when he was in the navy, Christ appeared to him for the first time. Asked about further hallucinations, T. changes the subject. No further information about it obtainable at the moment.

The following day T. is again disoriented, responds only after being addressed several times, but then very friendly, even if rather short. Left to himself, he looks out the window into the emptiness with a tense, ecstatic expression, obviously hallucinating. Suddenly he falls to the floor, takes up a strange position as though his hands and feet were tied, flails about, kisses the feet of the staff standing nearby.

He continues this, with interruptions, for hours, completely mutistic. Finally after being asked many times what he is doing he answers: That was a penance to which he had been commanded by God. It is not possible to get more out of him. Somewhat later, in his room, T. turns away with a blank expression when a patient undresses and says sporadically: "that shouldn't be allowed, that heats the blood, unnatural things could be the result, to the misfortune of the coming generation." -

That religious insanity - in the male - means homosexual symbolism, was demonstrated by Freud in the clear case of Schreber. The sexual symbolism in T.'s religious exaltation is not so marked as in Schreber's case, certainly. However, once one is made aware of it, the sexual undertone - or rather, sexual symbolism - scarcely requires proof as religious psychopathy. And that, with a male godly being in the foreground of the imagination, it must be, in the male, homosexually oriented, is understandable.

Moreover, the last mentioned remark of T. about the patient who had exposed himself shows his homosexual motif as strong.

The masochistic element is completely unambiguous in T.'s psychosis. The scene where he falls down at God's command and kisses men's feet is a

presumably classic psychic realization of homosexually oriented masochistic wish fulfillment. The situation is like the content of a dream in which there is not a moment's doubt as to the meaning of its symbolism.

The patient's narrative from his childhood shows particularly clearly the existence of a counter tendency as well. The sodomitic act and, still more so, the act against the little girl have the character of rape; these are by nature sadistic acts. And this sadism was heterosexually oriented.

Then, in the tendency to submission, T. completely and entirely fled his sadism: that is to say, in masochism, and at the same time - as a man - in homosexuality. As much as he could, he tried to repress the tendency that had control over him. Pathological religiosity developed as a compromise. And within this last area, finally, an insane realization of homosexual submissive tendency resulted in a direct, wish-fulfilling form: God commanded him to kiss the feet of the men around him.

I would like to say that I consider not the homosexual tendency but the tendency to submit to be the truly decisive motive of the entire development leading to the psychosis. Homosexuality is only its symbolically given form of expression in men.

The third case I want to speak about concerns again, with regard to the decisive element of the illness, a heterosexual perversion, the heterosexual masochism of a woman.

It concerns an unusually intelligent woman, an artist, of whose life the following is known to me:

Her childhood development was lastingly affected by her expressly masochistic tendency towards her much older brother. Characteristic for this is a game he played with his little sisters. He made them race to his whip and then kissed the first to reach him.

At seventeen the patient left home in order to study art in a larger city. She met a woman with whom she formed a lesbian relationship that lasted a year and a half.

Then she left her girlfriend and started a relationship with a man. This person, who was pathological and clearly violent, brought her masochistic tendency to the fore. But she began to suffer from the situation and gradually turned away from him.

Then she met her later husband, and this man, whose character made it completely impossible for her to have any sort of masochistic relationship to him, at first offered her a rescue from herself. After several years, however, she began to feel unhappy at times, had brief affairs that were entirely masochistic experiences, but always soon returned to her husband. In between she was generally happy with him and flourished more and more intellectually.

After several years she again had a masochistic relationship with a different man, which this time apparently had the actual character of rape and changed her inner life.

From that point, in regard to her behavior to her husband she was now expansively happy, now depressed without any apparent cause, at times inexplicably angry. In the final weeks before the outbreak of psychosis, there were mood swings that at the time were viewed physiologically but retrospectively had to be considered as prodromally symptomatic circular swings. (Familiarly, a relatively frequent beginning of schizophrenic illnesses.)

After she had for some days been noticeably gay and somewhat elated, an anxiety attack during the night, during which she made her husband promise to die with her. Towards morning calm.

Concerning the outbreak of the manifest psychosis the next day, I was able to learn the following. She is apparently calm, friendly and elated, lets her husband read the newspaper to her. He tells her about the throne ascension of a foreign prince who had spent his youth as a rather brutal adventurer and wonders what would happen if the man really took over the government. The woman answers quite spontaneously: "Then he will be God."

He sees that she looks at him with a blank stare, her speech is confused, she doesn't make sense, suddenly she runs away. He doesn't find her until hours later, sitting on the street talking to herself. He later learns that she had been writing letters in a wine bar and had acted so strangely that people had taken the pen away, afraid she might hurt herself. She still had what she had written; it was completely unintelligible scribbling.

Over the following days she is remote, what she says is more or less confused, she is generally quiet, complaisant, apparently poorly oriented and dreamily hallucinating. Only later when her condition has improved somewhat is it possible to find out retrospectively that she took the island on which she was living to be an "island of the dead," the ship on which they returned, or rather, the engine room, she had taken to be hell.

Often depressed and anxious, attempt to drown herself. Afraid of nature, vegetation, ascribes secret symbolism. Once she says that everything in nature is covered with pus, like she herself. Fixating on this expression, she talks about how the first time she was with a man she was infected with gonorrhea. The memory is like a curse. (This is the first time she has spoken about it.)

In between lost in dreams, with an absent, often clearly dreamy expression. At times bizarre behavior. One time she moved things around in the hotel room in a really strange way, later said she had to. Once, when she wasn't being watched, she sits naked on the window sill and smiles at the street below, all the while quiet and as though off somewhere else.

Some weeks later she becomes friendly, talks calmly, willing to talk to her husband, but her strange, clearly dream-like nature remains. Meanwhile a regular, momentarily stationary insanity has formed.

She believes that she is already dead and that she is together with her husband in the beyond. Here "everything is alright." She takes the name of

the country where they are staying to be a symbolic expression for the beyond. She never leaves her room, avoids looking out the windows overlooking the land but sits for hours looking at the sea. Always quiet, demure, dreamy, remote. Her condition remained unchanged over months.

Then suddenly rejecting; fixed facial expression and movements. Resembling catatonic stupor. Facial expression rigid, at times vapid. No depressive outbursts.

She meets with the man with whom she had the last masochistic experience. She begins to recover. Lives with him several weeks. Psychomotor rigidity, mutacism, insane ideas completely gone. Uneven mood, sometimes elevated with an undertone of fear.

After some weeks she breaks it off and returns to her husband. In the first hours again psychotic exacerbation, this time completely different than before. Greatly agitated, she suddenly claims her husband has given her poisioned cigarettes.

Later calm. Towards morning she explains that she feels completely anesthetic in her sexual activity with her husband. Despair, suddenly says she is responsible for cardinal sin in the world. A few minutes later when her husband has turned away for a moment she takes poison.[1] -

If we ask ourselves first of all how to categorize this psychosis clinically, then manic-depression comes to mind.

The psychosis began with outbreaks of clearly circular moods. However, we often see this as the sign of schizophrenic illness and presumably must see in it only the expression of the final, futile attempt at repressing what rises out of the unconscious.

The mood swings that emerged later, during the psychosis itself, are also presumably not a pathognomic element and are rather matter of fact for a psyche that is pulled back and forth by overpowering ideas in the unconscious. In the period when the insane realization took place, they vanished, making room for an even mood that carried her characteristic traits.

More difficult is the question whether it is a matter of a so-called hysterical psychosis or a schizophrenia. We know that the start of schizophrenia can often be very similar to hysterical psychosis, that a diagnostic differentiation in the initial stage is often an impossibility. Only the further course can decide.

In our case all the actually psychogenic stigmata - that is, somatic conversion in Freud's sense - were lacking and, on the other hand, in her period of motor fixation with considerable mutacism and defensive reactions the lady gave a picture that we are accustomed to finding only in schizophrenia. What might speak for hysteria is solely the appearance of more or less complete

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[1]Cf. my work on "Freud's Ideogenic Factor and Its Meaning in Kraepelin's Manic-Depression," F. W. Vogel, 1907.

remission in clear independence of any external cause or real experience. We will return to this aspect later.

Looking at the content of the psychosis and the impulsive life of the individual, we find in the pre-history the early, expressly masochistic attitude in a heterosexual direction: her relationship to her brother. Heterosexual-masochistic orientation is thus dominant early on.

Later the typical attempt at overcompensation, the flight in the opposite: the lesbian relationship. In contrast to the earlier case of T., with its decisively compensating homosexual orientation, the woman returns after a while to her earlier heterosexual-masochistic attitude, and this is from then on the dominant motif of her perversion and, finally, in her illness.

The following experience is therefore also a heterosexually masochistic one. The woman struggles with all her might against this impulse that is so absolutely opposed to her real character; she temporarily escapes in a relationship that offers her no opportunity for masochistic expression. But she has to return to masochism again and again, and after a final such experience the return to the normal relationship was not inwardly successful. She tries with all her might, but the masochistic impulse becomes dominant, and when she tries with all her force to repress it, the illness erupts.

Characteristic, I would like to say, for the meaning of the psychosis, appears to me to be the expression with which it signals itself. The expression that that violent adventurer who was to take over would then be God, appears to me to need no further explanation. It is the screaming outburst of the will to submit to power and surrender to it as something godly.

Further insight is given then by the period of temporarily stationary insane formation. The fact that the previously absolutely unreligious woman builds her insanity on religious ideas appears to us to need only a reference to the earlier case for its explanation.

It is a matter here of the symbolic meaning of the idea of being dead. The wish to die - I suggest using the expression "thanatophilia" for this phenomenon - is very characteristic for this sick individual. I call to mind that the remarkable manifestation of the psychosis associated itself with the wish to die together with her husband.

I believe that with thanatophilia it is a matter of the idea of yielding [*Hingabe*] to death and that the motif of death plays the exact same role that the surrender [*Hingabe*] to God played in the earlier case of religious insanity and in similar cases.

It is primarily a matter of the motif of giving over [*Hingabe*] itself, of passivity to something that is overpowering, of shutting off all one's resistance to a foreign power.

Thus the content of the insane idea of being dead is the symbolic realization of the tendency to submit [*Hingabetendenz*] as such, symbolized by the idea of death as a superior power that one has submitted to, and presumably

also with the background of the idea of a godly being that one has now given oneself over to.

The entire emotional sphere on which the preparation, emergence, remission and recidivity of the psychosis are built, the experiences that they have triggered, finally the symbolism of the insanity itself - all this belongs completely and exclusively to heterosexual masochism. We find less here than in the previously described case of a homosexual factor in the content of the psychosis and its demonstrable structure of motives. The attempt at lesbian overcompensation of heterosexual masochism had occurred in the woman's life, had played a real role, but then sank again in the face of the overpowering heterosexual masochism and can be found nowhere in the further events, in the structure and contact of the psychosis.

We therefore see in this case with full clarity that the emergence of the psychosis and the formation of insanity without the participation of a homosexual motive are to be traced back to the overpowering of a different perversion, of masochism as such.

We now come back to the questions as to the clinical character of the previously discussed case.

We have seen that the symptoms of the psychosis fit the schizophrenic type, but on the other hand also that the influence of a real event on the course of the illness allows us to conclude a hysterical character of the psychosis.

If we attempt now to make a theoretical differentiation between schizophrenia and hysteria based on conditions of the mind - I myself believe that here one can only divide major groups that flow into one another - then the following may be relevant.

Everywhere, where in Freud's understanding gain from illness is absolute, that is to say, where realization of the wish being struggled against appears possible only in psychosis, there it comes to a definitive flight into the unreal from which, given the dynamic of the variables of affect, no return is possible.

In such a case all possibility for bringing the all-powerful drive motif to a realization lies outside reality; no more is to be hoped for from real events and no influence from such can be exerted on the course of the illness.

Definitive psychoses - schizophrenia and paranoia - develop in those cases in which not only the drive being struggled against but also the resistances that work against its being lived out in reality have become absolute.

In those cases in which hope is held out in the unconscious for struggling against the perversion in reality, the flight into the unreal cannot be irrevocable or definitive.

In such cases, therefore, emerging realities, in the sense of a drive being struggled against, have the result of offering a corresponding counterbalance to a gain achieved by the psychosis.

Whether it may not also come to a definitive, incurable condition that is no longer influenced by reality, that is, to schizophrenia or paranoia, or to one that is accessible to reality and perhaps still curable - that is, hysteria - that appears to depend on the question as to the extent of the suppression of the drive being fought, to what extent its being lived out in reality may be possible, and therefore how far the gain of the illness being aimed out has become absolute through the flight into psychosis in contrast to reality.

Thus it is understandable that - as in the last case described - psychotic and schizophrenic characters of an illness flow over into each other. It also becomes understandable that a psychosis can begin as hysteria and later, if the struggle against drives is sensed as not being realizable in reality, can change to schizophrenia. -

We have seen that, in the three cases described, the mental illness, or rather the insane formation was the expression of a component of the masochistic-sadistic antagonistic complex that was exposed to suppression. In two cases this was heterosexually oriented, in one it was homosexual.

We have seen further that the orientation to one's own or to the other sex is, in the described cases, strictly according to Adler's law of symbolism.The relationship between a factor representing power and a factor representing submission is always represented as a relationship of the male-female principle. In any case, submissive tendency can be found in the male, tendency to rape in the female symbolic object, independent of one's own sex.

As a result, male sadism and female masochism remained in our cases in the area of heterosexuality; male masochism combined with homosexuality. We may assume that in this case homosexuality is a consequence of masochistic attitude.

I would like to attempt to generalize this conclusion and suppose in homosexuality altogether in the final instance the dunction of a drive component belonging to the masochiatic-sadistic antagonist complex, as I have suggested in my previously mentioned article, "Conflict and Relationship."

If we now attempt to consider the cases of insane formation in regard to their fundamentally masochistic or sadistic attitude, independent of heterosexual or homosexual orientation, a principle can be elucidated, it seems to me, that might enable a fundamental distinction between groups belonging to paranoia and those belonging to schizophrenia, that I would like to establish hypothetically here.

Of our three cases, the first, for which we have found as its decisive perversion a strikingly purely developed sadism, clearly belongs to the paranoia group. The other two cases, in which psychosis is based on masochism, belong to schizophrenia or to a type of illness related to schizophrenia.

I believe that is is not a matter of coincidence here but that further investigation would demonstrate a structural relationship.

Striving to control reality is inherent in will to power. Where the flight into the unreal has occurred, where insane formation and distorted perceptions must alter the picture of reality, there the attempt will not be given up to bring new impressions into a connection with reality and with each other. Logical intellectual activity continues, it strives to create reality around itself, in which one can orient oneself. Will-power also seeks in psychosis to hold onto the achievement that gives the human mind its control over the surroundings: the conception of continuity.[2]

Essential for masochism is the tendency to give oneself to everything - to people, to religious figures, to death, to the ideas in one's own unconscious.

There, where the masochistic component is the active power, a control over reality is lacking. There is no effort to create a logic of all the insane ideas, delusions, and moods emerging from the unconscious, a cause and effect, and a reality that is controllable. The attempt is not made to affirm oneself by logical grasp of things.

Nothing seems to me to be more characteristic than the ecstatic facial expression of such individuals, which one might want to translate into the words: "*eredo, quia absurdum est.*"

If the will to power, sadism, dominates the emergence of psychosis, then the result is paranoia with a preservation of orienting intellectual functioning that dominates the surroundings. If masochism is the formative principle of psychosis, then the result is schizophrenia with a yielding of self to what rises, overpoweringly, from the unconscious and has other laws than that of reason and the event in the outside world.

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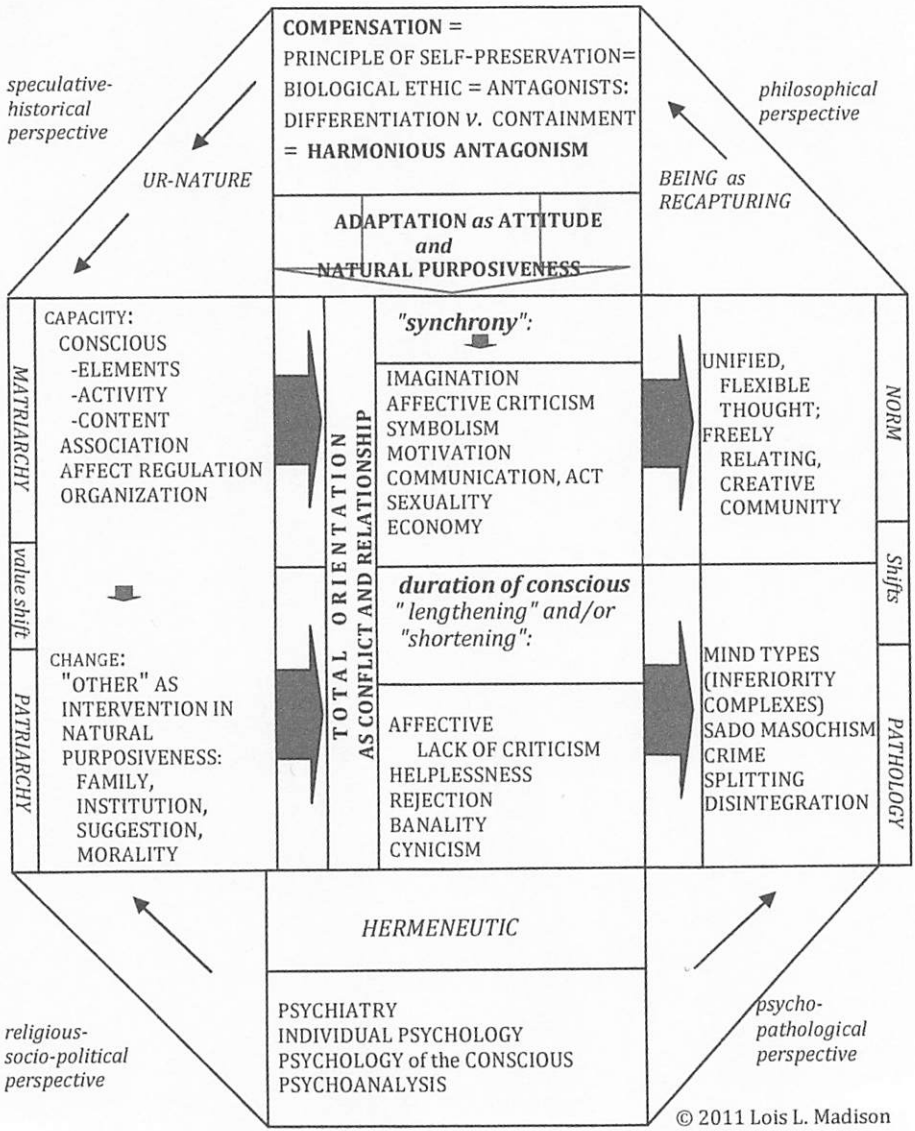
[2]G. wrote whole volumes about the nature of telepathy in the insane asylum and attempted to confront himself with it scientifically.

SCHEMA FOR STRUCTURAL ANALYSIS OF OTTO GROSS' WORK



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NOTES ON CERTAIN TERMS

Adaptation [*Anpassung*], adaptive reaction [*Anpassungsreaktion*]. Gross' concept of adaptation - as ongoing, either purposive or dispurposive, psychic change due to the mutually antgonistic drives of differentiation and containment - was and is counter to mainstream thinking. In 1902 – at the very time of Pavlov's famous experiment conditioning dogs - Gross wrote that "[t]he effort to trace all psychic events back to the infinitely modifiable arc between stimulus and reaction" was "[t]he *in-hoc-signo* for modern psychobiological conceptualization." By "modifiable," he means that perception triggers "resting images in the memory" and that, moreover, an "impulse" that "accompanies every perception" *also* "determines the affective intensity of perception" while being "independent of a simultaneously triggered play of associations" (cf. "limbic system" below). Within a generation following Pavlov's work, *behavior theory* developed on the basis of the the idea that behavior is *conditioned*; however, behavioral theory eventually culminated in the 'black box' theory in psychology that disparaged a neuroscientific approach - a view which since the late sixties (cf. Olds' seminal work, 1968) has given way and has been replaced by a mainstream understanding of the role of the limbic system in memory and, it should be added, which was already suggested by Gross.

Gross' theory and behavior theory agree to some extent on the causal role of the stimulus in adaptation. The latter speaks of an 'unconditioned,' Gross, on the other hand, of an 'extraordinary' stimulus (*außergewöhnlicher Reiz*). Under either name, a stimulus is meant to which the organism cannot produce a satisfactory reaction, but is, instead, unadapted. Behavior theory, however, *disregards* this unadaptedness, whereas in Gross' theory, it marks an *initial phase*: in behavior theory, a transfer of behavior - (in Pavlov's experiment, dog salivating) from a stimulus (food or the sight of it) to the unconditioned stimulus (sound of a bell) - stands in the foreground, and the question is not really one of unadaptedness of the organism being the result, so to speak, of confrontation with a stimulus, or only insofar as in the experimental setting an aim exists of the dog's behavior being adapted so that it reacts to the bell as it would to the sight of food - whereby *purposiveness* did not enter into the experiment as a consideration, that is to say, whether or in what setting it is purposive for a dog to salivate at the sound of a bell. For Gross, adaptation is *initiated* by the failure or *absence* of a reaction. He hypothesizes a process which itself marks a stimulus as extraordinary through the

ble display of one individual's emotion to other people (which, of course, is a highlight in the numerous cases he discusses), and the organizational activity of the brain with regard to behavior and motives – which, of course, we do not see. This latter aspect is perhaps the more strikingly significant. It is behind the *lengthening* and *shortening* of the processing of events and the access to storage or 'memory,' on which such processing depends: "Affect-charged chains of ideas reinforce associative connections far more quickly and enduringly and also remain, as is well known, far more tightly wedged in the conscious."

Gross goes beyond the question of combined conceptualizations of emotions and neural activity, however, introducing a concept of affects as being involved in the orientation (not merely physical but psychological) of the total individual. "We know little about these highest physiological factors governing the real 'mental activity' or of the way they work," he says, leading into what is perhaps the single most important statement he makes about affects. - "We know little about the most important psychological principle of regulation – which is of a primary interest to us here – about the inner nature of affects. We can only say here that affects are the expression of an automatic orienting mechanism that constitutionally influences events and adapts to current conditions."

This new global view of affects means, however, that their pathological development similarly has a psycho-physiological or psychiatric level of explanation as well as a *bio-orientational* one. They are an expression of reactions to stimulation from the outside world in a *dispositional* way: "[C]hanges in the disposition of the brain to different types of reactions to further stimuli have to be subjectively perceived [...] they must have psychic parallel processes. Those are affects."

Moreover, *affects are fundamental in the origin and development of various forms of psychopathology*; they are "[...] the essential and decisive element in all psychoses that are not based on general disintegration, and in them lies as well the real problem of the question of inferiority." And with regard to the psychiatric explanation by Wernicke of a 'split, that is to say, in terms of association and content, Gross points the process of *accumulation of neural energy* in which affects are involved: "We can now easily imagine that the competition of affects focused on a certain psychic content corresponds to a circumscript accumulation of neural energy and that as a result of this accumulation nervous energy is so greatly increased in a circumscript area that a turnaround of conduction into blocking occurs. Then there is a blocking of certain connections – a split [*Sejunktion*]."

Finally, however, what needs to be considered in an understanding today of what it was Gross meant or means is the modern model of pathology based on alterations in combinations of transmitters proximate to peripheral, dendritic growth of cortical cells in relation both to increase and decrease

in intensity in emotive behaviors and to changes in the interbrain (esp. hypothalamus).

Affective capacity [*Affektlage*]. *Lage* has various translations, chiefly: location or situation, and there is something to be said for translating *Affektlage* as an affective situation - if by situation an internal one, as opposed to an external one, is meant. For example, Gross says the affective *Lage* of empathy is "the root of all ethics." If this grounding relationship of empathy to ethics has to do with 'situation,' then it has to do with an internal one, that is to say, with the 'situation' within the individual that enables or calls for change and an accompanying affect. But this is, more precisely, a 'capacity,' not a 'situation.'

By "affective capacity," Gross refers to the *disposing* - in the sense of distributing, placing, fixing, setting, and/or readying - *of affect* for orientation. Affect is available inherently, by nature of one's being human; this affect is *disposed* naturally, in the sense of 'originally.' It is further *disposed*, however, in childhood. The former might be referred to as a natural disposition; the latter might be referred to also as a natural disposition or as an acquired one, relative to views of childhood development; and there is the possibility of acquiring disposition in adulthood as well. For all of these, there is affect available: a *capacity*, then, for producing affective reactions, which may be individual and/or dispositional and which function to orient the individual psychologically.

Conventionally, the affects of pleasure and displeasure [*Lust, Unlust*] are regarded as regulators of orientation, due to their apparent function of either promoting (accelerating) or inhibiting specific action. However, as Gross notes, "large preformed complexes of ideas in the conscious [...] link the possibility of an inhibition to every impulse [...]. Therefore, rather than think of these types of affects as ultimately orienting, there must be a common basis for the orienting regulation of the complexes, on the one hand, and of the impulses, on the other hand, which are regarded as instinctual or drive-related. He thus adds: "I believe, by the way, that neither this aspect ["the possibility of an inhibition"] nor the easing of the primary function [an acceleration] fully explain affective capacity [*Affektlage*]". This latter he explains instead in this way: "affect and change in the processing of ideas are concomitant forms of expression of a common cause, which consists of a [...] dispositional attitude of the mind [*Gehirn*]." *Lage*, in this case, therefore refers to the mind's fundamental nature of *disposing*: the healthy mind naturally distributes affect in a way to bring impulses in line with its orientation, and maintains long-term orientation by way of affect being linked with (habituated) complexes of thought. Just as fundamentally, the mind becomes sick or fails to adapt adequately when this natural process of disposing is intervened with.

Affective capacity for empathy [*Affektlage des Mitleids*]. Gross says that the first step in an adaptive reaction is the quasi positioning of self, that is to say, psychologically as well as physically, vis à vis the outside world. In this sense, the *Affektlage* is a positioning, and *Mitleid* or empathy is its main bio-psychological characteristic or attitude. Whereas empathy is brought forward as a stimulus from the outside world – in another's pain, confusion, etc. –, it is also brought forward as a reaction from or through the individual's ability to generate the right affect. In contrast to its dependence on associative complexes in humans, the affective capacity appears in primitive organisms as reflex reactions, i. e. in social synergetics: the reflex reaction of one individual triggering the same reflex reaction in others.

Affective capacity for helplessness [*Affektlage der Ratlosigkeit*]. Due to "self-perception of a hindrance to the capacity for orientation" and arising out of an increase in stimuli raising "an imbalance between the need to orient oneself and the ability to orient oneself."

Alteration in associative activity: "Any increase in new stimuli increases the disproportion between the need to orient oneself and the ability to orient oneself - increases the affect of helplessness."

Affective capacity for rejection [*Affektlage der Ablehnung*]. In contrast to normal behavior (or to paranoia) in which an individual physically reacts to the environment by taking up some attitude and form of contact, pathological rejection is characterized by an alteration of the capacity of affect such that instead of being a capacity for contact, it is a capacity for repelling others and doing without contact. Marked by affective capacity for helplessness - affect producing the attitude and appearance of helplessness. Significant also is the diagnostic-differential to psychosis, with regard to delusion. This criterion, which one cannot help but want to bring into a connection with the modern diagnosis, 'borderline,' approaches psychopathology from the point of view that individuals act on the basis of inherent demands on their milieu and that the failure of the milieu to meet those demands marks the start of individual psychopathological reactions or behavior - hence, 'suffering humanity' as the 'clinic.'

Affective criticism [*affektive Kritik*]. Against the common concept of 'logic' as 'cognitive' and as an extension of Wernicke's concept of 'valuing,' Gross emphasizes the need for adequate affective criticism. Affective criticism is a "proper affective valuing and [...] proper distinction between the important and the unimportant." It is instrumental in psychological orientation and depends on mind organization: "Affective criticism has a final and decisive significance in all questions of ethic and aesthetics. Affective distribution of value is the most variable of all the aspects of psychic activity. [...] [A]ffective criticism [...] rests on harmonious collaborative efforts of all psychic mechanisms, [and] it is a particularly subtle and susceptible function, and [...] therefore every change in every possible psychic area, once it gains

any influence at all over the general biological total behavior, over the 'personality,' [...] must express itself precisely in vacillation of affective criticism." "The proper nuancing of affective values [...] rests on comparison, and this requires, on the one hand, the capacity for contextually homogeneous thinking, on the other hand, however, the active integration of the various complexes to be compared as well."

The lack of affective criticism is the inability to adequately compare images or ideas due to their habitually not being held in the conscious long enough or their being habitually held in the conscious so long that images or ideas tighten into isolated groups.

Affective intensity [*Gefühlsbetonung*, literally emphasis or intensification [*-betonung*] through feeling or affectivity [*Gefühl-*]. Familiarly, affective or 'felt' intensity has a range - the acquisition of which Gross calls "one of the most important factors in the individual formation of the psyche." It is responsible for differentiation among items in association, e.g. ideas or their component parts, the "phonemes" or correlated motor components, as well as for individual differences with regard to types of reactions to situations, such as empathy, helplessness, rejection. Healthy regulation of affective intensity is crucial to the integration of activities of the conscious and thus in their disintegration as well, which ultimately leads to a mind split [*Sejunktion*]. Gross applies this term (1901) to the impulse to react as a part of his explanation of the modifiable stimulus-reaction arc and as an early step in his explanation of bio-psychological attitude [*Einstellung*].

Affective valuing [*affektive Wertung*]. "From the split and the alteration of the thought process itself come the typical disturbances of that important psychic effort that consists in the valuing of affect." Affective valuing becomes impaired when the conscious narrows over content, holding onto a 'starting idea' for associative connectivity such that groups of images or ideas become 'isolated' or separated off from what becomes – as a result of this pathological process – the 'rest' of conscious content. Gross says the "proper nuancing" of affective values "rests on comparison," which requires the conscious to have a capacity for "integration of the various complexes to be compared." Impaired affective valuing is a characteristic of the "disharmonious personality," and habitual narrowing leads to "the real stigma" – not only for the inferiority complex characterized by narrowing conscious, but for the inferiority complexes altogether: "affective lack of critical ability."

***Agon* [*ἀγωυ*].** Gross refers to the adaptive reaction to the extraordinary stimulus as *agon*: "A new purposiveness develops only as the result of a process that in some way presents itself as *ἀγωυ* [*agon*, LLM], as a rivalry among numerous and varied possibilities, among which purposiveness represents the last remaining individual case." Gross calls this process a conflict between the forces of blocking and variability and sees it as the ultimate basis of all inner conflict.

Antagonism [*Antagonismus*]. Gross' concept of a biological principle that accounts both for the regulation of behavior (as a regulatory factor in affects) and the survival of the individual and the species. In the antagonism of forces involved in the organism's defense against an "insult" [*Noxe*], Gross notes three stages: "Modern pathology has taught us to understand the nature of illness through the picture of a struggle between the organism and the insult [*Noxe*]. This relationship is clearest in infectious disease, in which the term "struggle" [*Kampf*] is scarcely to be taken merely illustratively. The organism reacts at first with general phenomena - it reacts with solidarity to the damage. In a second phase, we see the organism striving to contain the damage in some way, whether at a specific site or whether in terms of a specific quality of effect. In the third stage, when the organism has been overcome by the invasion, there are again general phenomena." Gross indicates also how the biological principle of antagonism is fundamental in determining the nature of the course of psychosis: "Precisely this succession of events corresponds to an ideal type of the course of a psychosis: the organism reacts with solidarity to the insult with generalized, vague symptoms, differentiates out specific pathological mechanisms that are more or less limited in the area they affect, overcomes resistance and universal disintegration." This antagonism governs the entire regulation of the organism's self-defense by organizing its division into two mutually operational aspects: "[...] in this comprehensive principle and the one opposing it – as a generally antagonistic pair of forces [*antagonistisches Kräftepaar*] - groups of regulations form: compensation - which is aimed at disintegrating and dissolving individual symptoms into general phenomena - and the containment tendency, which works toward the specialization and circumscription of the pathological phenomena."

Antagonistic pair of forces [*antagonistisches Kräftepaar*]. Viewed at the cellular level, in terms of Anton's theory of compensation, the two opposing forces that constitute the most basic principle of the regulation of the organism are: 1) compensation as the breakdown or division of individual symptoms of a circumscript insult [*Noxe*] and the resulting differentiation and 2) a containment tendency that works on specialization and limiting of pathological phenomena.

In conjunction with circular moods, Gross says: "The dominating system in psychic life is the great antagonistic mechanism of acceleration and inhibition – of the yes and the no, of pleasure and pain. And so dominating is the regulatory force of this affective system that as long as only the antagonistic balance of the mechanisms of pleasure and pain is maintained, the psychic organism in its totality cannot lastingly lose its balance. – The circular mechanism means in this sense the biological expression of every process through which the interaction of the great antagonistic regulators is lastingly

changed; the mechanism itself however in its reciprocal relationship of force remains intact."

The antagonistic pair undergoes a shift and become identified with sadism and masochism. These, in turn, connect with heterosexuality and/or homosexuality: "For the man the sadistic component is heterosexually oriented, the masochistic component homosexually oriented. For the woman the masochistic component is heterosexually oriented; the sadistic, or rather, the active component, which is aimed at preserving the personality, is homosexually oriented."

Association [*Assoziierung*]. For Gross, the impact on a conscious center where a chain of ideas or images is being processed comes not only from the original stimulus itself but from other centers or complexes of cells in the conscious (conceptualized as a field) where processing has just taken place - hence any appearance of linearity is deceptive, and the appearance of association to involve leaps is more revealing of its actual nature.

The sequence of associations is relative to the variables in dispositionally affective valuing. Gross says: "By way of variously intense post-functions of the elements of the conscious that were active at different earlier moments in time and in varying frequency, as well as by way of their continued effect on others, on the path of extra-psychic influence, the brain is placed in a state which in its totality determines the next element of the conscious to be excited, that is, on which the further course of the chain of ideas [*Ideenkette*] rests."

Attitude [*Einstellung*]. Gross understands under this term an organization of the mutually antagonistic forces of differentiation and containment represented as choice in the confrontation with an extraordinary stimulus: a bio-psychological 'positioning' of the self *vis à vis* current stimuli or events in the outside world – reflecting experience, programs, drives and needs.

Attitude, secondary. With regard to how the pathologizing of attitude takes place, Gross connects the concept of attitude with his theory of a temporal lengthening or shortening of the capacity for cells (and thus content) to hold onto the conscious (instead of focusing on a reaction to outside stimuli in a flexible way). The individual is "brought into a disposition for reacting to all stimuli with reflex reactions and secondary attitudes belonging to the affect of anxious anticipation."

Biological causation [*biologische Kausalität*]. There is "no unified pathological mechanism" for the great mix of symptoms in the inferiority complexes. These are, instead, a "simple accumulation of disturbances of purposiveness." With 'biological causation,' Gross means the comprehensive principle that leads to this result - the comprehensive principle under which the regulatory functions of compensation and containment are subsumed as continuing *disturbances* with always *varying* and *dispurposive* results: the inferiority complexes begin to develop when the organism reacts to 'insult' or

harm (psychological and physiological) by activating the two antagonistic forces of differentiation and containment; with the tendency of compensatorily lengthening or shortening the hold on a complex, the possibility for the two phases of the organism's reaction to an extraordinary stimulus - behind which differentiation and containment stand - either splits apart or collapses. The process of adaptation becomes temporally distorted: the cessation of regular activity, regression of former adaptations, and formation of a new adaptation - all of which have a biologically determined duration - are all either excessively lengthened to include past and possibly conflicting, e.g., depressive, data or else excessively shortened so that past data is excluded. The results - in the one direction or the other - are dispurposive adaptations, which in their accumulation become the basis of the manifold of symptoms that constitute the inferiority complexes - hence 'biological' causation.

Blocking, inhibition [*Hemmung*]. On occasion, it appears closer to Gross' meaning to translate *Hemmung* with 'blocking.' The English translation 'inhibition' for *Hemmung* has become so closely related with notions of morality and sexuality that these notions have assumed for many an almost causal nature. In contrast, Gross speaks of *Hemmung* (also: *Sperrung*) relative to the two types of mind use, narrow and/or flattened. The narrowing type of mind use tends to block external stimuli while attending to stored data; the flattening type of mind use tends toward just the opposite - blocking stored data while focusing on external stimuli. For both types, the tendency to block processing stems from the impact of others in the process of adapting; inasmuch as adaptation is a reaction to a new stimulus, fear is involved, along with the components of survival, i.e., differentiation and containment. As a factor in dispurposive adaptation, blocking may lead to either negativitism or cynical indifference.

Cerebral function, supreme [*zerebrale Höchstfunktion*]. The supreme cerebral function is an hypothesis with which Gross explains synchronous processes and the synergy it takes not only for the mind to be unified but also for this synchrony to place the individual in the outside world: "[W]e have to assume that such a supreme regulatory and coordinating principle is in effect and that this supreme cerebral function achieves the grouping together of all synchronous processes to synergetic activity and that any alteration of the supreme regulatory principle must call this synergetic activity into question". If this cerebral principle fails, "the synchronous integrity of the conscious is damaged," and "conscious disintegration" or "a split *par excellence*" is the result.

Circular mechanism [*zirkularer Mechanismus*]. The circular mechanism that for Kraepelin is the mechanism underlying manic-depressiveness is for Gross determined in part by ideogenic factors and thus "divides affectivity into corresponding periodic phases." Ideogenic factors, however, go back to the components of biological organization, which, if

their organization is not naturally harmonious, alternate in having the upper hand so that the acceleration that accompanies differentiation and the slowing that accompanies containment become characteristic for activity: "For every type of typical combination the only tangible basis is Anton's compensation theory. The circular mechanism, as well as the combinatory, requires compensatory activity of the entire brain and thus the use of a quantity of common reserves of energy. Thus in most cases the individual mechanism alone is rendered latent. But if the shared reserve of cerebral energy is exhausted, due to summation of heterogeneously originating pathological mechanisms, then old and new mechanisms are simultaneously manifested."

Compensation [*Kompensierung, Kompensation*]. Anton points out that the principle of compensation is fundamental to the organism's defense in infectious disease and that it is also the basic law of general neural regulation. Gross adopts this view and adds to it the role of compensation in neuropathology, especially in the inferiority complexes, but also in manic-depression (basic to circularity) and in schizophrenia and paranoia, where the two components of differentiation and containment shift to sadism and masochism. Moreover, Gross explains that the principle of compensation is at work in the process of adaptation. Functioning in these aspects or levels of organization, compensation is in Gross' theory ultimately the principle of compensation as the basis of survival - originally a harmonious antagonism of the two components, and it is the biological expression of his theory from a socio-philosophical point of view, as conflict and relationship.

Conflict, inner [*der innere Konflikt*]. In Gross' theory, the inner conflict, at its most fundamental level, is not pathological, but harmonious and necessary for survival: the *antagonism* between the two components of the survival drive. These allow the individual to survive both by being one of a group or species – which, we can reason, means going outside oneself to acquire warmth and knowledge – and by containing and holding onto what is intrinsically self – which means some level of self-defense against others or, rather, the ability of others to be an influence and determining factor. For Gross, this fundamental or original level exists today as an innate drive, but because of the change that society underwent in the early history – or prehistory – of mankind (cf. Kropotkin), it is obscured and supplanted by the pathologizing processes of compensation and containment. In its sexual form, inner conflict is a "generally occurring social and psychic expression," determined in its exogenous etiology by the family milieu and in its endogenous etiology by the developmental and assimilated tendencies of others.

Conscious [*Bewusstsein*]. In Gross' theory, the conscious is a *field* loosely comprised of cells or *complexes* of cells (or ideas), all relatively equal in that they each have a potential for dominating the rest relative to the *energy* accompanying a *starting idea*, from which *synthetic* activity may spring at virtually any given moment in time. This energy is necessarily *contractive*,

i.e. restricting activity to a cell or complex and its activated fibers that connect it with other cells - and related content. Where the focus is at the moment, that is where we are 'conscious' of a content: one cell or complex dominates fiber connectivity to other (all?) cells and complexes, so that a particular 'content' is brought together. *Continuity* is an essential characteristic.

The unconscious or subconscious, then, does not have a separate location in the brain, but is *in this same field*; it is the remainder of the cells or complexes at any given moment. (This view probably goes back to the triad of main types of cells recognized at least since Meynert's microscopic-speculative research: we see these as 1) short-fibered, 2) cluster, and 3) so-called pyramidal cells that actually resemble trees, including upper and lower tufts extending from a trunk; short-fibered cells are peripheral, the main conscious is comprised of clusters, and the pyramidal cells are lower. Apparently, the former have to do with bringing data into the brain or conscious, the latter can be equated with deep or past storage, and it is the clusters of main cells where momentary activity - involving *synergy* of *synchronous processes* - brings together what we call 'past, present and future'.)

The problem for Gross of bringing this view of conscious - as transitioning from one momentarily dominant cell to another - into sync with the conventional concept of association (as linear, with progression governed spatially by the preceding element) is less the question of how to conceive of simultaneity - which may be seen to depend on fiber connectivity, 'affect' (presumably various combinations of transmitter, etc.) and, of course, 'content' - than it is a matter of how and why *synchrony* is a biological factor of such singular, that is to say, orienting and 'survival' significance. Gross says that the conscious is uniform or homogeneous to the extent that "the successive and synchronous coordination of all neural functions" is preserved – which he calls "the highest function" of the brain. In his concept, the 'subconscious' is not the quasi-pathological rival organ that it is conventionally taken to be. It also does not become *hidden* as the result of sexual content as is trivially assumed in classical psychoanalytic theory. He accepts as fundamental the concept of Wernicke that for 'conscious' activity to take place, a *normal valuing* of the individual complexes (cells, contents) must be the case, and that where valuing is *not normal*, the *pathology* that we recognize in inferiority complexes and psychoses sets in. That this valuing is a process involving *affects* appears to be clear: Meynert - as, too, Freud later on - correlated *defensive* behavior with *affect*; for Meynert, affect was further correlated with microscopically viewed *flows* of *energy* along *pathways* - the first view of transmitter pathways, approximately a century before transmitter and the role of the limbic system began to be understood, relative to the introduction of chemical 'inhibitors' in the treatment of psychosis.

Gross takes the view, however, that valuing, while a significant concept, tends to limit itself to explanation in terms of affects and pathways, and that the question of *synchrony* - which may be the more important question altogether - is disregarded. The essence of pathology seems here to be at stake.

For conscious to be *homogeneous* or *unified* (a Kantian psycho-philosophical concept for which the alternative is Hobbesian "all against all"), valuing seems to him to have to carry the significance that Nietzsche attached to the *instincts*, which, for the individual to act as a willing being - that is, all the various instincts in accord (Nietzsche's "hierarchy") with a single course of action -, must be adequately valued - a process that is contrasted in Nietzsche's or Wernicke's term, "levelling." While here again it seems to be a matter of *affects*, there is the difference - for Gross - of the question of *orientation* coming into play; this aspect was one with which he was confronted through the work of his colleague in Graz, Fritz Hartmann, who, like Gross had been influenced by Anton's theory of compensation.

The question of orientation presents a 'wherefore' that has to be resolved that involves the further question as to *synergy* (for this author, that is the question as to how the individual organism *interfaces* with others or with the world. Instead of unity alone (or even unity in a Kantian sense as social *purposiveness*), there is, thus, the larger question of how the mind *organizes* as a whole with a 'so that' or 'purposiveness': *so that* its conscious as a momentary activity is in sync not only with its long term storage and psychological orientation, but with the world outside as an ability to remain adapted in both a short term and long term sense. Gross' concept of conscious as, ultimately, a synergy of processes that are themselves synchronous respects this line of thinking; his idea that there is a highest or supreme cerebral function allows for compensation (which, in its repeated and incredibly expanding application throughout his work, represents the single greatest organizing principle of life, both healthy and pathological) to achieve not only the organization of the mind in a unified fashion (given synchrony) but also its synergetic unity or interface with the world through adaptation. In this view, the unconscious or subconscious develops as something parallel and as *hidden - not* as the result of darkly sexual instincts (classical psychoanalysis) but as the result of individuals being thwarted in their *psycho-social orientation.* (See Gross' discussion of the difference between paranoia and schizophrenia along the lines of sadism/dominance and masochism/submission, as well as his discussion of the typologies that result from the narrowed/flattened use of the mind as either capable or incapable of situationally dominating in a psycho-social or eco-political sense. Perhaps the most striking and potentially highly illuminating comparisons to Gross' concept of synergetic conscious are to be made using Foucault's political discussion of health-sickness, Deleuze's concept of the social dimension of schizophrenia, and Habermas'

ideas on the communicative health of the society, but these lie outside the scope of this glossary.)

Conscious, width of [*Bewusstseinsbreite*]. "The number of contextually different topics of thought that the conscious is able to process within a short time period determines its width; the number of associations within one and the same contextually homogeneous topic that the conscious is able to process within the same period of time determines its depth. The stronger the secondary function, the stronger the contractive energy, the deeper and narrower the conscious, and vice versa. The depth and width of the conscious characterize two contrasting types of psychic capacity. The same contrast increased to dispurposiveness means two contrasting limitations of capacity. I call these levels narrowing and flattening of conscious."

Conscious center [*Bewusstseinscentrum*]. This concept is structurally crucial to the *temporal relativity* of processing - from one moment to another, from one mood to another, from one mind to another, and from one type of mind to another (mind use, inferiority complex). As a cell or complex, the 'center' is one of a presumably infinite number *alternating* in the conscious; due to its ability to connect as one among many to virtually all other cells or complexes - as well as to hold onto built-up connectivity through 'excitation' and/or 'affectivity' in the 'secondary function' - the 'center' defines itself through its momentary control of content - in regard to the flow of thoughts, their direction, or their context.

Containment tendency [*Eindämmungstendenz*]. A surprising result of Gross' neo-Darwinistic/Nietzschean research is the evolution of the *mutually antagonistic* forces of *self-preservation* into a nuanced, affective self-regulation with a *socio-political* scope. As one of the two forces (together with *differentiation*) on which activity, learning, adaptation, and survival centrally depend, *containment* is an aspect of self-regulation through which either healthy integration in society or pathological defense against others is achieved. From the simple stops and starts of inhibition and acceleration, learning has become a nuanced, *synergetic* regulation of *variables* of affects, and it relies on *synchrony*. As synchrony becomes impaired, so, too, does the healthy mind become pathological - in one of two main ways. For Gross, self-regulation through containment is crucially *temporal*: a *secondary function* of the mind allows stimuli to be processed *relatively* by either decreasing or increasing the time that a conscious complex holds a *synthesis*, including past storage, together. The ability to use temporal fluctuation in this way is a key factor in the development of mind *typologies* and foundations for mind pathology - relative, in Gross' opinion, to *intervention*. Types of individuals develop that are characterized either by predominant differentiation or by predominant containment. On the one hand, habitual *shortening* means less ongoing learning in the sense of relying in depth on past, stored experience; instead, impulses from instincts freely, differentiatingly govern what tend to

be strategic and cleverly pursued, but nonetheless short-term, hence *cynically* exploitative aims. On the other hand, habitual *lengthening* of the time given over to past, stored data (holding onto, containing one's own) means a benefit of long-term evaluation, but further, a tendency to *brood* and to protect or isolate one's self from having to engage in the present, thus clearing the field for the opposite type. Like Nietzsche, Gross argues that intervention by society or the milieu means the collapse not only of self-regulation but of social unity. - Unlike Nietzsche, however, he sees this intervention occurring in the *adaptive* moment and argues a refined social-Darwinistic position that degeneration may be inherited and conditioned (in a *two-phased natural selection* - specifically, in the secondary function). - Gross shows further that *conflict* between the two types of mind - in Nietzschean terms: dominance and submission - occupies not only economic and political areas, but sexuality as well. Because of the *loneliness* to which the child is exposed in the *patriarchal* family milieu, containment (as a holding onto one's own) becomes *submission,* which means that one gives over to a force and is able in this way - by not challenging authority and by not being assertive - to protect or hold onto what is self. As a way of forcing relationship, submission finds expression as *masochism* (as in *schizophrenia*) in sexual relationships as the pendant to *sadism.* In the end, philosophically, containment becomes a major aspect of the summation of life as *conflict - des Eigenen und des Fremden* - and the way to the future is the way to *relationship* as a restoration of the harmony that once existed naturally between the two forces.

Constellation [*Konstellation*]. The constellation is quasi the opposite of the fluctuating conscious center; it is a more or less rigid formation of cells or complexes to a group. It is a "general psychological principle with a regular and regularly variable influence on the course of associative processes."

Contractive energy [*Kontraktivkraft*]. The ability of the brain or mind to 'contract', as Gross conceptualizes it, is based on what Wundt understood as the narrowing of the conscious. In Gross' concept of the secondary function, it means that the thought-producing processes of the 'conscious' keep the synthetic connectivity of a single cell or complex activated, such that thought revolves around the single topic of one 'starting idea.' Gross says: "I refer to the power to focus the conscious on more or less closely related areas of content relative to the intensity of the secondary function as "contractive energy." The stronger the secondary function of a complex, the greater its contractive energy, and vice versa."

Cynicism [*Zynismus*]. Gross understands under cynicism a means by which one type of mind or one type of inferiority complex – the flattened mind or conscious – puts the other – the mind with a habitual narrowing of conscious - in a situation of feeling ill at ease. "Under cynicism we understand the pleasure in narrow associative connections between things that are

appealing and things that are repulsive. [...] In individuals with flattened conscious it is thus to be expected that the source of pleasure [*Lust*] stemming from the infantile connection of ideas comes unrestrained into effect. [...] [P]eople with flattened conscious take such obvious delight in cynicisms that are embarrassing to a high degree for individuals with normal or even with an increased secondary function."

Disintegration [*Zerfall*]. Gross says that the splitting within the conscious of images or ideas of words into their components (phonemes) as a result of blocking and/or depletion (fatigue, exhaustibility) of neural elements may lead to a partial idea or image remaining isolated in the conscious, and this may be subjectively perceived as being different from normally perceived ideas and images, that is to say, as coming from outside the self.

Disintegration of the conscious [*Bewusstseinszerfall*]. "Splitting" in terms of the whole brain; the opposite of the intactness of synergy that results from the 'highest cerebral function'. Gross says: "Disintegration of the conscious in my sense is the direct end result of the simple cessation of that cerebral supreme function through which the subsumption of synchronous psycho-physiological excitation to the synergy of the homogeneous conscious is achieved." And again: "This assumption of a simultaneity of dissociated psycho-physiological processes is not made anywhere by Wernicke. Wernicke treats conscious activity as a temporal succession, never as numerous simultaneous processes next to and with each other; for me the main point is that the momentary conscious activity is to be regarded as the result of numerous synchronous psychophysiological processes - that a momentary unity of the conscious is not something given *a priori*, but the product of the synergy of synchronous processes, and through functional disturbances of an unknown nature this synergy may be suspended."

Insofar as it is negative ideas that stand outside the main chain of ideas momentarily carrying the conscious, a relation of opposition to normal means a relationship of dependence of auxiliary chains, and, as Gross explains, groups of associations are either enabled or blocked, depending on the circumstances, such that, psychologically, certain ideas take on a regulating function behind the aspect of the split of the conscious.

Drive interlocking [*Triebverschränkung*]. Gross explains the existence of what Freud and Adler understand as negative drives – the ego drive and sexuality inclusive of perversion – as *secondary* drives which result through the merger or interlocking of *components of the original drives with real perversions* and which enter civilization as the result of the "sum of all suggestions" from the milieu.

Extraordinary stimulus [*außerordentlicher Reiz*]. Conventionally, the *stimulus* is an object, event, etc. outside the organism that produces a reaction by the organism. The *extraordinary stimulus* is a stimulus for which there is no reaction. Unlike a stimulus, for which there is always an element

of recognition by the organism, the extraordinary stimulus provokes *adaptation*, that is to say, the formation of a new reaction - one which is *purposive* in the sense of integrating and utilizing the new stimulus in *self-preservation*. In part, Gross' concept of the extraordinary stimulus is influenced by Driesch: "What may be considered the most definitive result of Driesch's research is a far-reaching agreement of physiological regulations, that is to say, specifically the extra-ordinary physiological adaptive reactions of human purposive actions or psychological adaptive reactions." (cf. "adaptation")

Fatigue, capacity for [*Erschöpfungsanlage*]. Stadelmann's concept of a disposition in which fatigue in the conscious continues to regenerate itself – even though the conscious suffers as a result of this extension. (The idea is in keeping with the modern neurophysiological concept of right brain activity divided from left brain or the concept of serotonin re-uptake, which can lead to the over-repetition of essentially unproductive effort by the brain. Gross connects the capacity for fatigue to Wernicke's concept of a split in that a) the amount of affective energy involved need not be great and b) the content (that is kept active in the conscious) appears irrelevant – in contrast to Freud's concept of pathological splitting off of a content from the rest of the conscious due to its sexual nature. However, while the predisposition of the 'capacity for fatigue' lowers the threshold for stimuli, it may be present without actually *triggering* a split – which, by contrast, may require a psychic trauma.

Idea [*Vorstellung*]. The terms, 'idea,' 'image,' and 'thought,' refer to affectively-sustained creative activity of the mind, involving simultaneously accessed bits of data, and these terms are better suited as translations of *Vorstellung* in the typical sense in which Gross uses that term, even if individually they fall short and the German term ideally includes all of them - which may have been the problem early on for philosophers introducing the use of the neutral term, 'representation.'

For philosophical works, it has long been customary to translate *Vorstellung* as 'representation.' In his article on inhibition, however, Gross makes a point that bears on the advisedness of this translation and explains the preference of the common term, 'idea,' in this philosophical context. A distinction between a linear concept and a concept of conscious centers processing in simultaneity is the cornerstone of Gross' seminal work on the conscious, "On Socially Inhibiting Ideas." There, he argues that the conventional linear conceptualization can only be helpful in imagining how the simplest *Vorstellungen* are conducted. He then goes on to say: "We have to free ourselves from the – generally presumably unconscious or at least unformulated – idea that associative excitation moves only in a one-dimensional, 'linear' path [*Bahn*], as though functional excitation always left each conscious center completely once it no longer controls the content of the conscious. [...] If one imagines that in the course of a longer chain of ideas [*Vorstellungen*] the

activated elements of the conscious all remain caught up in variedly intense, naturally subconscious or, better still, unconscious 'post oscillations' [*Nachschwingungen*], thus allowing a large number of variously nuanced stimuli to reach the main functioning element or, rather, all the elements of the conscious associatively connected with it, then one can easily understand that the selection of the next element to be aroused – the following idea [*Vorstellung*] – cannot possibly depend solely on the last element aroused, the last conscious content" (5). The shift from linear to simultaneous means that we conceptualize the idea (*Vorstellung*) not as simple, that is to say, not as a mere representation, but as complex, involving input from the memory. In German, *Vorstellung* means 'idea,' as well as 'representation;' in English, however, the shift from linear to simultaneous means that where complexity or compositeness is entailed we must use the term, 'idea.'

Gross assigns to "groups of ideas" a regulative role: "The grading of affective valuing is tied to the ability for comparing affective values and these, again, to an ample associative connection among all groups of ideas and sensations. Since with a swift and ineffective transition of all ideas through the conscious this cannot occur, the real characteristic for the inferiority complex with flattened conscious is the equal valuing of all groups of ideas" (39).

Gross' clever use of 'name' to reference and thus argue against the conventional philosophical notion of representation may well have been a cannon aimed in the direction of Frege. Frege attempted to clarify the role of *representation* in *logic* by using *reference* in conjunction with the role of 'name' to specify. - Discussion still today proliferates around this attempt. - Gross shows, somewhat contrastingly, that behind association there is a qualification or alternation in *anticipation*. He uses his own given name as an example to show how combinations are either anticipated or not. In this view, logic involves reference, but the notion of representation is demonstratively inadequate, for 'reference' depends on the ability of auxiliary chains to become involved in association - an idea that was not clearly grasped by Frege.

Inferiority complex [*psychopathische Minderwertigkeit*]. In contrast to modern conventional understanding of 'borderline' as well as to the distinction between normal and psychotic as a line between normal and 'degenerate,' Gross relates the term to his theory of the inferiority complex, which he divides into two types, both of which are understood as types of mind use: the inferiority complex with narrowing and the inferiority complex with flattening of the mind. There is no clear borderline between the inferiority complex and the normal; the inferiority complex also goes over unnoticeably into the criminal and/or psychotic. The two types occupy the center - to either side of a middle or theoretical norm - of a spectrum that ranges from pathologically or criminally flat at one end to pathologically or psychotically narrowing at the opposite end. Common to both types is a lack of affective critical ability.

Intelligence.. Perhaps uniquely, Gross defines intelligence as a crucible of self-preservation: "We perhaps do well to regard intelligence in a narrow sense as the sum of all differentiating and combinatory forces that are at our disposal as psychic means for attaining a goal – either in practical or in purely abstract matters. Purpose-determining forces are, however, the affective functions; and the regulation of purpose-setting is affective criticism."

Language area [*Sprachfeld*]. Gross says the language area "does not serve the language of sounds alone but altogether the grouping of stimulus imitative automatisms to that higher orientational achievement that represents the grasping, the imaginability, and the further communication of complexes of stimuli of all kinds to the purpose of communication and which we call signal orientation." And again: "The brain region referred to as a language area (in Freud's sense) is to be viewed as a center of signal orientation and serves not only the language of sounds but achieves the grouping of all perceptive and reactive abilities of all sense systems, so far as they have a connection to unified biological tendency to communication."

Limbic system [*Zwischenhirn*]. More than half a century before Wilder Penfield's breakthrough concept of an originally primitive organizing and orienting level of the brain, Gross hypothetically tied the *Zwischenhirn* or limbic system - already recognized for "its connections to expressions of feeling and familiarity," suggesting "the probable evolutionary connection of mimicry with elements of empathy, of imitation," - to the similarly *postulated* supreme aim of the organism to orient self: "a phylogenetically older, sub-cortical apparatus in the limbic system for the automatisms of simple stimulus imitation – in the cortical region serving signal orientation, where the sub-cortically stimulated automatisms of simple stimulus imitation of the cortical brain activity are transmitted and where the complex function of signal orientation constructs itself through the simple automatisms." This analysis goes hand in hand with Gross' concept of adaptation in contradiction of the Pavlovian view, that is to say, perception involving a "modifiable" stimulus-reaction arc or, rather, the added involvement of "affective" regulation tying data in with past, with motive, in short, with one's entire orientation of self.

Masochism [*Masochismus*]. As a psycho-social concept originally promoted by Sacher-Masoch and named after him and linked with sadism by Kafft-Ebing, masochism is a sexually expressed use of another person as perpetrator in one's own self-punishment. Sacher-Masoch attributed its development in children (perhaps those left too much on their own) at least in part to the influence of heroic suffering and martyrdom in literature combined with corporal punishment. Gross traces masochism to the fear of loneliness in which the child is placed and the need to sacrifice self in order to derive contact. "One might say that masochism is in the first place the result and determination of debasement experienced psychically in the need

for contact." He understands it further as a criterion for distniguishing schizophrenia and paranoia.

Mind types. Given the lack of a one-to-one translation of 'mind' in German and the need, nonetheless, to respect pathological *secondary function* as the major characteristic, when speaking of the types of *inferiority complex*, 'mind' is an appropriate term.

Narrowing of conscious [*Bewusstseinseinengung, -verengerung*]. Distinguished from 'narrowing of the conscious' as used by Wundt, Gross' term, 'narrowing,' refers to habitual lengthening of the duration of the ability of the conscious to hold open connectivity among *groups* of cells/ideas.

Neurasthenia. Gross distinguishes between the inferiority complex of the narrowed type and neurasthenia: Symptoms of neurasthenia are, along with physical sensations, abnormal psychic fatigue, lack of concentration, helplessness, inconstancy, emptiness and insufficiency. According to Gross, these psychic symptoms are missing in the inferiority complex of the narrowed type.

Orientation [*Orientierung*]. From Hartmann (whose conclusions are based on Anton's work), Gross takes the concept of "a biological balance between the sums of external stimuli and individual reactions in a total orientation as a measure of the intactness or impairment of the synergy of all the various central mechanisms." Hartmann says: "Through this activity - which is always setting the individual in some particular relationship to the outside world, determining him, definitively, in his situation, in his movements and in the direction of his movement, and which finds its expression in the psychically determined, actual assumption of a relationship of the organism to the momentary complex of stimuli – the 'relationship of the total psyche' of the organism to the outside world is first mediated along the finite path of actions."

Overvalued idea [*überwertige Idee*]. Gross emphasizes the relationship of 'overvaluing' to 'disposition': "[...] in general, for the emergence of the true overvalued idea an additional ideogenic mechanism is necessary, through which an obscured input of energy from the unconscious is distributed to a particular complex. [...] the most characteristic symptom for the inferiority complex with narrowing conscious is the disposition for overvalued ideas."

Further, he distinguishes between overvaluing in Wernicke's sense and a tendency to overrate the process or ability of holding onto and exacerbating affectively charged complexes: "Wernicke's theory of a split reaches its apex in his conception of "overvalued ideas," in which he expresses the realization that the lack of agreement between an affectively intense complex of content and the individually dominant "conscious content" – that the conflict created in the mind through such incompatibility in terms of content must lead to processes of splitting and, as a result, to a pathological over-emphasis on

certain complexes of content. [...] The core of the overvalued idea and of an overrated complex carries characteristic features of degenerative mental activity. Overrating of value itself, however, derives from narrowed conscious: the real reason for excessive increase in value is the particular nature of affective lack of criticism."

Paranoia. Paranoia is "an affective psychosis *par excellence*, far more so than mania and melancholy, for which the real nature of the illness is to be sought in a diffuse alteration of conscious activity." The concept of paranoia is based on "Meynert's connection of affect to external causes" and "governed by the symptom of overvalued ideas," to which Gross adds habituated, pathological "narrowing".

Perception [*Wahrnehmung*]. Gross points out that the perception may function as stimulus, triggering "resting images in the memory, setting a play of associations in motion." Most perceptions have no affective intensity or memory trace. As a trigger of resting images or ideas, perception is involved in the development of self-pathologizing use of the mind, as the perception is mimicked in the process of partial images or ideas of words (sounds) isolated in the conscious being applied associatively in a subjective perception – through the process of disintegrative splitting.

Phoneme [*Phonem*]. Generally speaking, the phoneme (a term Webster's 10th Collegiate dates from c. 1916) is an abstract unit corresponding to a similar speech sound and perceived to be a single distinctive sound within a language. Gross, however, deduces the psychiatric significance of the 'phoneme' as evidence of both the synthesis and the splitting of thought involved in the integrative and, pathologically, disintegrative activity that characterizes the conscious. In this, he follows Stricker's observation that sensations in the speech apparatus correspond to one's own imagination of letters, syllables and words and Cramer's added idea that the auditory system acquires something like a 'heard image' and the conscious associates the sensations (that Stricker observed) with such 'heard images'.

Pleasure [*Lust*]. Gross suggests that *pleasure is not to be* understood in the simple sense of an *emotion, but* rather as a neural charge that drives *affect, which in* turn drives associative connectivity – the whole of the process being regulated by a higher instance (correlating with today's view of the limbic system regulating thought by way of its regulation of transmitter). "Pleasure is the accompanying feeling in the acquisition of a new adaptation that is automatic from that point on, that is, remains without its being charged by affect. And this means that pleasure can only be experienced through new adaptations to ever new situations, that is, through ever new domination of ever new areas. – The best formulation for this biological principle is Nietzsche's formula: will to power."

Unlust is translated as *displeasure* rather than *pain*. Actual pain is not necessary to shift the organism from forward-moving to drawing away.

Primary function [*Primärfunktion*]. Gross refers to the primary function as "activity of a neural or cortical element representing the emergence of an idea [*Vorstellung*] in the conscious."

Schizophrenia. Suggested by Gross in 1904 as a new diagnosis (dementia sejunctiva) to take the place of Kraepelin's diagnosis of *dementia praecox*. The basis for a diagnosis on the grounds of splitting of the conscious comes from Wernicke's hypothesis of overvaluing. Bleuler, who ultimately received recognition for introducing schizophrenia as a diagnosis, had by this time, as Gross notes, ascertained a certain peculiarity of conscious activity as a symptom suggesting the need for a new diagnosis. What failed to be adopted from Gross was the role of synchrony: For Gross, the new illness needed to be characterized by *disintegration of conscious*: a weakening of the highest cerebral principle, which is the unity or integration of all neural elements and activity, with regard to the temporal aspects of succession and synchrony.

Gross also introduced a perspective in which the conscious – and, hence, schizophrenia – is subsumed under drive, with the ultimate explanation that only the thwarting of drive can render the mind self-destructive to the point of bringing about its own disintegration. There is an argument to be made, in this sense, for the focus of the illness being the individual's *attitude*: the symptoms of *affective rejection* and *negativism* apply as pathological forms of communication, the "imaginability" of which is crucial to psychological *orientation* – so that rejection or negativism are effective as means of defense to the extent that "communication" transpires at a sub-linguistic or empathic level. The cause of schizophrenia – biologically – is the interpersonal *conflict* that brings an individual to such drastic means of defense. Here, Gross' theory of the *lengthening* and/or *shortening* of ideational control of the conscious and the relation of disintegration to being overwhelmed by stimuli are relevant. They lead to flattened and narrowed types, and interpersonal conflict can be traced to mind types seeking to dominate each other. Finally, however, there is the mutual compensation of the two components of the survival drive: Implicitly, the milieu dominates the young individual by restricting the drive to acquire information and by linking the opposite drive - for warmth and protection - to discipline. The individual must choose between what have become frustrated surrogates of the survival drive. The result is a split in terms of attitude and orientation parallel to the split in the conscious.

Secondary function [*Sekundärfunktion*] (1901: postfunction [*Nachfunktion*]. This function is an individually variable temporal dimension of brain or mind processing. It follows the perception of a stimulus (primary function). It varies relative to fear, stress and habituation. Even when an idea is formed in the conscious as the result of perception, the groups of associations necessary for this idea to form do not necessarily lose the connectivity that has momentarily brought them together. In 1907, Gross updated his explanation of the mind to show this process linked with natural selection as

a bio-psychological process involving a momentary regression of adaptations for the purpose of allowing a new adaptation to be formed: because the individual mind develops a tendency to either shorten or lengthen its own processing (either avoiding or allowing for reflection, analysis, etc.), each new adaptation may be relative to mind type.

Inasmuch as the 'secondary function' as a temporal relativity of processing in one type of mind (for example the narrowed un-spontaneous mind) can be exploited by another type of mind (the flattened, spontaneous) there is a suggestion that it is a key factor in socio-political struggle (Nietzschean dominance and submission). Attitude, as Gross shows, is the crucial aspect of adaptation with regard to behavior and relationships. Inasmuch as 'secondary function' or rather, pathologized, habituated mind use determines the mind's ability to flexibly adapt, it is basic to human conflict.

Sexuality [*Sexualität*], (homosexuality and heterosexuality). For Gross, sexuality is a matter of the whole self and as such is an expression of the main drive of the self and the group or society, i. e. the drive for survival, which, in turn, he explains as an originally harmonious antagonism of two components (the one more or less a matter of the self getting outside of self, so to speak, to acquire knowledge of survival value and the other more or less a matter of the self retreating into self, so to speak, to secure warmth. His formula is one of a true altruism: the individual serves the group in its survival by acquiring (knowledge, etc.) and the group serves the individual in its survival by providing warmth (a basis, etc.). Because of the original interrelatedness of the components of a basic drive and because of external pressure, the secondary forms in which sexuality finds itself today are characteristically pathological, i. e., in a range from sadistic to masochistic.

Gross sees a sexual aspect of original drive involving the need to empathize with the opposite sex: the man thus has a female aspect, which is an original male homosexuality, and the woman has a male aspect, which is an original female homosexuality. Under the pressure of the patriarchal family and society, this original homosexuality becomes a secondary one, characterized by its interlocking with masochism and sadism, and heterosexuality interlocks with masochism and sadism as well.

Signal orientation [*Signalorientierung*]. Signal orientation is the ability to imagine that communication can take place - which depends on reading signs such as willingness and unwillingness or tendency to dominate and tendency to submit. Since it enables total orientation, it interfaces unified cortical and subcortical activity with adaptation in the outside world. Gross says: "It is possible that the center of signal orientation is to be regarded as the cortical representation of a subcortical apparatus, by which latter the stimulus to the automatisms of stimulus imitation is triggered and that it is the function of the cortical center to distinguish signal orientation out of

these automatisms as a component of total orientation through its close connections with the remaining cortex."

Speech apparatus [*Sprachapparat*]. "Hartmann explains the formation of the central speech apparatus out of basic sense processors more or less as follows: Every basic orientational apparatus consists of a sensory and a motor component. In humans, the motor component of the auditory apparatus has become rudimentary, and, likewise, the sensory component of the speech-producing apparatus; through the close mesh of these two, a synthetic mechanism develops with the sensory component of the auditory and the (senso)motor of the speech-producing elementary orientational apparatus, and this new mechanism functions in a further sense analogous to the general functioning of the (senso-motor) systems of orientation."

Symbol. "The true nature of pathological formation of new automatisms is transfer of affective intensity. We know that the competition of various and variously focused emotional energies with regard to a specific psychic content – through a simple physiological process, as we have assumed – leads to inhibition in associative conduction, and that it then comes to affective overemphasis on psychic contents that are closely associated with, that is to say, are related content-wise to what has been blocked. It is obvious now that with this associative transfer – as with all associative processes – it comes to a lasting fixation of a particular associative connection. A particular content thus gains a permanently increased affective intensity: it becomes a "symbol" of a repressed affectively charged complex."

Synchrony. "The grouping of all synchronous processes in the organ of consciousness into a unit thus rests on an incredibly fine regulation of effects of stimulation and inhibition of neural processes on each other [...] this supreme cerebral function achieves the grouping together of all synchronous processes to synergetic activity."

Thought, psychic activity [*Denken, psychische Aktivität*]. In Gross' conceptualization, thinking as a production of images and/or ideas [*Vorstellungen*], in contrast to thinking in terms of sense perception (as images or ideas of sense perceptions) is relative to the length of time a starting image (synthesis from sense and motor processing in response to an external stimulus) is able to hold connectivity sufficient that it determines or controls the field of consciousness. Pathologically, according to Meynert (defense mechanism) and Wernicke, the capacity for maintaining an adequate integration or synthesis of the components of thought is relative to the synthetic nature of neural processes (association via 'pathways' – cf. modern view of transmitters – and distribution of stimuli and processing not only over sense processors but over cortical and even subcortical cell groups as well) – such that, moreover, it is subject to 'splitting' (of the components, and of thought itself) and 'disintegration' of conscious. Hartmann notes the (comparatively more 'biological'?) role of potential, purposive orientation in the integration of

synthesis from sense and motor processing in determining a psycho-biological, i. e. orienting significance (not only of auditory processing, but) of images and ideas of sound: "If the perceptual thought process, sense perception, and imagination are primarily bound to peripheral sense functioning through the facilitation of the complexes of sense of direction (spatio-sensory thought), then thinking in images of sound (and ideas of words) emerges as the second most important cerebral process of higher psychic dignity."

Will [*Wille*]. Gross opts to continue to use the term, 'will,' after he has initially (1901) made the point that actions are determined in the process of impulses (and their inhibition) creating, sustaining, etc. the connectivity with which conscious centers develop thought. "Well may we assume," he says, "that the term 'free will' no longer exists today in strictly scientific research. [...] If one imagines under 'free will' a faculty that is exactly the same in different individuals but which in a given case can produce different effects under otherwise exact same circumstances, this does injury to logic; if, however, one imagines a 'determination by motive,' then a more or less excellently useful term is given, but then it is not a matter anymore of 'free will'."

In 1909, Gross discusses the failure of harmonious antagonism (between the two components of the survival drive) to allow the flexibility necessary for reasonable judgment, etc. – leading instead to pathologized forms of will in the types of inferiority complex, or rather, the opposite of free will. See his discussion of will in a clinical setting, i. e., patient interviews, the differential-diagnostics for negativism, the application of blocking that he observes on the level of communication, and the transformation of will relative to a highest level of synergy. To some extent, Gross' understanding of 'will' is shaped by Nietzsche's concept of the 'hierarchy of instincts.' He explains the exertion of will as a result of affective variables.

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"What is so deeply shattering ... in the idea of a fall of man is the realization that everything that we can imagine as the highest fulfillment, that we can ever hope to attain as the greatest upheaval, that the goal which most penetrates to the future can only be a fundamental departure from humanity's misguidedness, only the recapturing of a goodness and a plateau that was lost an unimaginably long time ago .... No really new creation, but ... a will to the reconstruction of the primordial basis for relationships, society, and the development of culture which may then begin." – Otto Gross

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